

**Case Name:** *In the Matter of* Accrediting Council for Independent Colleges and Schools

**Docket No.:** 16-44-O

**Filing Party:** Respondent, Accrediting Council for Independent Colleges and Schools

**Exhibit No.:** B-O-73



Accrediting Council for  
Independent Colleges and Schools

# POLICIES AND PROCEDURES MANUAL

*Revised September 2017*



# ACICS POLICIES AND PROCEDURES MANUAL

## TABLE OF CONTENTS

INTRODUCTION - ORGANIZATIONAL STRUCTURE .....	4
CHAPTER 1: ACCREDITATION OF INSTITUTIONS SUBJECT TO ADVERSE ACTION .....	5
CHAPTER 2: ACQUISITION OF OTHER INSTITUTIONS OR ADDITIONAL LOCATIONS .....	7
CHAPTER 3: BRANCH CAMPUS APPLICATION PROCESS .....	8
CHAPTER 4: BUSINESS PRACTICES COMMITTEE .....	11
CHAPTER 5: CAMPUS ACCOUNTABILITY REPORT (CAR).....	13
CHAPTER 6: CAMPUS CLOSURE PROCESS.....	16
CHAPTER 7: CAMPUS TEACH-OUT PLAN REQUEST .....	20
CHAPTER 8: CHANGE OF LOCATION APPLICATION .....	22
CHAPTER 9: CHANGE OF NAME APPLICATION .....	24
CHAPTER 10: CHANGE OF OWNERSHIP APPLICATION.....	26
CHAPTER 11: COLLABORATION WITH STATE REGULATORY ENTITIES .....	29
CHAPTER 12: COMPLAINTS AGAINST ACICS .....	30
CHAPTER 13: COMPLAINT AND EXTERNAL INFORMATION .....	32
CHAPTER 14: CONFIDENTIALITY, DISCLOSURE, AND NOTIFICATION .....	39
CHAPTER 15: CONSULTATIONS.....	42
CHAPTER 16: COUNCIL ACTION LETTERS' PREPARATION AND PRODUCTION .....	44
CHAPTER 17: COUNCIL INSTITUTIONAL FILE REVIEW.....	47
CHAPTER 18: DEBARMENT .....	49
CHAPTER 19: DISTANCE EDUCATION APPLICATION.....	53
CHAPTER 20: DOCUMENT RETENTION AND ARCHIVING.....	56
CHAPTER 21: EDUCATION ENHANCEMENT AND EVALUATION COMMITTEE .....	65
CHAPTER 22: EXECUTIVE COMMITTEE .....	67
CHAPTER 23: EXTENSIVE SUBSTANTIVE CHANGES.....	68
CHAPTER 24: FINANCIAL REPORTING.....	70
CHAPTER 25: FINANCIAL REVIEW COMMITTEE.....	73
CHAPTER 26: HEARING PROCEEDINGS .....	79
CHAPTER 27: INDEPENDENT CONTRACTORS & CONSULTANTS .....	86
CHAPTER 28: INITIAL APPLICANTS SEEKING ACICS ACCREDITATION.....	87
CHAPTER 29: INSTITUTIONAL COHORT DEFAULT RATES (CDR) .....	96
CHAPTER 30: INSTITUTIONAL EFFECTIVENESS COMMITTEE .....	99
CHAPTER 31: INSTITUTIONAL REVIEWS .....	101
CHAPTER 32: INTERMEDIATE REVIEW COMMITTEE.....	103
CHAPTER 33: LEARNING SITE APPLICATION .....	106
CHAPTER 34: MONITORING SIGNIFICANT ENROLLMENT GROWTH .....	109



# ACICS POLICIES AND PROCEDURES MANUAL

## TABLE OF CONTENTS

CHAPTER 35: NEW PROGRAM APPLICATION.....	112
CHAPTER 36: NOMINATING COMMITTEE .....	114
CHAPTER 37: NON-CREDIT, SHORT TERM COURSE PROGRAM APPLICATION.....	116
CHAPTER 38: NON-SUBSTANTIVE PROGRAM MODIFICATIONS.....	118
CHAPTER 39: PLACEMENT VERIFICATION PROGRAM (PVP).....	120
CHAPTER 40: POLICY DEVELOPMENT AND REVIEW.....	130
CHAPTER 41: PROGRAM TERMINATIONS.....	134
CHAPTER 42: RECLASSIFICATION OF CAMPUSES .....	136
CHAPTER 43: RENEWAL OF ACCREDITATION APPLICATION PROCESS.....	138
CHAPTER 44: REVIEW BOARD OF APPEALS.....	141
CHAPTER 45: STAFF RECRUITMENT, ONBOARDING, AND TRAINING.....	147
CHAPTER 46: STANDING COMMITTEES OF THE BOARD OF DIRECTORS .....	151
CHAPTER 47: STUDENT ACHIEVEMENT REVIEW & MONITORING.....	153
CHAPTER 48: SUBSTANTIVE CHANGE COMMITTEE .....	155
CHAPTER 49: TITLE IV COMPLIANCE ISSUES, INCLUDING FRAUD AND ABUSE.....	157
CHAPTER 50: UNANNOUNCED AND LIMITED UNANNOUNCED VISIT .....	159
CHAPTER 51: VOLUNTARY WITHDRAWAL OF ACCREDITATION.....	163
CHAPTER 52: VOLUNTEER EVALUATOR PROGRAM.....	165
CHAPTER 53: WEBSITE.....	177





## INTRODUCTION - ORGANIZATIONAL STRUCTURE

The management team, under the direction of the president, monitors staffing levels and the operational budget to ensure that the activities needed to carry out ACICS's accreditation responsibilities are conducted efficiently and systematically. These activities include, but are not limited to, reviewing applications and other documentation related to compliance with the *Accreditation Criteria*; scheduling and conducting visits; sending visit reports and letters regarding Council actions; invoicing and processing payments; communicating with member institutions, federal and state agencies, and other interested parties; maintaining a website with current information for members and interested parties; and providing support to volunteer evaluators, the Intermediate Review Committee, the Executive Committee, and the Council.

(Include either an organizational chart with just position titles or a listing of departments and their major functions.)

The following chapters outline the policies and procedures for carrying out specific responsibilities.



## CHAPTER 1: ACCREDITATION OF INSTITUTIONS SUBJECT TO ADVERSE ACTION

### INTRODUCTION

All complaint and adverse information is processed according to the standards set forth in Sections 2-3-700 and 3-1-202 of the *Accreditation Criteria*. Sections 1-2-100(b)—Minimum Eligibility Requirements, 2-1-200—Initial Application, and 2-1-302—Withholding of Accreditation, of the *ACICS Accreditation Criteria* each proscribe the Council from taking certain actions when information regarding adverse action by the state or an accrediting agency is available. In addition, Section 602.28(c) of the U.S. Department of Education’s criteria for recognition of accreditors, requires that if ACICS were to waive these requirements and grant accreditation to an institution under these conditions, it must provide to the Secretary within **30 days** of its action a thorough and reasonable explanation, consistent with its standards, as to why the action of the other body does not preclude the agency’s grant of accreditation.

### PROCEDURE

In order to ensure implementation of these policies and regulations, the following procedures will be followed:

#### **STEP 1: COLLECT INFORMATION**

Institutions are asked to provide any information they might have about adverse information from state licensing agencies at each point in the accreditation process. All adverse information is logged and processed according to ACICS Procedures for [Complaints and External Information](#) (see Chapter 13 of this *manual*). Information regarding pending or final adverse actions will be available in the commissioner portal for all institutions that are scheduled for consideration by the Council for a renewal of accreditation. The review of initial applicants subject to adverse action is outlined in the [Initial Applicant](#) chapter of this *Manual*.



## STEP 2: PROCESS AND DISTRIBUTE INFORMATION

As part of the institutional review, commissioners access the Complaints/Adverse record in the system:

ACICS Member Center

Portal Institution - Washington, DC (00025027)

Application Applies To: MAIN: Test Institution (00025027) 750 First Street NE Unit 980 Washington, DC 20002 (410) 262-5358, EXT 777 chris.alechko3@stratuspeer.com	Application Status Status: APPROVED PENDING COUNCIL REVIEW View Application Documents Assigned Analyst: Stratuspeer LLC Last Updated: Thu May 18 09:11:37 EDT 2017 Visit Required: No Personify App ID: N/A Citations: View Citations Deferrals: View Deferrals
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Additional Campus Information

Council Actions	View Complaints/Adverse	Additional Information
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## STEP 3: FOLLOW UP COUNCIL DECISIONS

During its deliberations and final action, the Council will consider the nature and gravity of the adverse information and generally, ACICS will not grant accreditation to an institution under adverse action but instead would do one of the following:

1. Defer action and request information including initiating its own investigation;
2. Direct the institution to show-cause why its accreditation should not be conditioned or withdrawn and conduct its own investigative visit; or
3. Deny the application for accreditation.



## **CHAPTER 2: ACQUISITION OF OTHER INSTITUTIONS OR ADDITIONAL LOCATIONS**

*December 2010*

### **INTRODUCTION**

ACICS accredited institutions occasionally acquire other, non-ACICS accredited institutions. The newly-acquired, non-ACICS institution has to be evaluated and deemed appropriate for ACICS accreditation prior to final inclusion.

ACICS also recognizes that its member institutions may initiate a permanent location (new branch) as a result of its facilitation of the teach-out for students of another institution which is ceasing operation. (*Accreditation Criteria* – Section 2-2-101(h))

### **POLICY**

#### **NEW, NON-ACICS ACCREDITED ACQUISITIONS:**

Institutions are able to acquire other, non-ACICS accredited institutions, as branches of the existing institution. There is no acquisition of “program” per se, as the process to add a new program would be the same. Each institution that plans to acquire a non-ACICS accredited institution or program must notify ACICS of this substantive change and follow the procedures as outlined in the [Branch Campus Application](#) chapter of this Manual.

#### **ADDITION OF A PERMANENT LOCATION WHERE IT IS FACILITATING THE TEACH OUT OF ANOTHER INSTITUTION:**

Institutions are able to apply for the addition of a permanent location at a site where it is conducting a teach-out for students of another institution. Similar to the acquisition of non-ACICS institutions, the procedures are outlined in the [Branch Campus Application](#) chapter of this Manual.





## **CHAPTER 3: BRANCH CAMPUS APPLICATION PROCESS**

### **INTRODUCTION**

Initiation of a Branch Campus (formerly referred to as an additional location) constitutes a substantive change, which requires prior approval of a new Branch Campus and is voted by Council following extensive reviews and at least two on-site visits (*Accreditation Criteria* – Section 2-2-104(a)).

### **PROCEDURE**

#### **STEP ONE – SUBMISSION OF APPLICATION**

The Branch Campus (formerly referred to as Additional Location) Application consists of general questions about the plans for the campus, the qualifications of the instructors, financial information, a reference and educational inventory, and evidence of compliance with state educational and safety laws. The main campus of the institution must log into their Member Center account to complete and submit the application for the Council's consideration. The appropriate fee associated with the application can be remitted through online using a major credit card, or by submitting a check to the ACICS (communication with the Accounting department will be necessary).

#### **STEP TWO – REVIEW OF APPLICATION**

A Program Analyst reviews the application to ensure that all materials are compliant with the outlined application procedures. In addition to meeting the requirements listed above, an institution requesting approval to initiate any non-main campus activity cannot (1) be on financial review; (2) have a net loss on their most recent financial statements; (3) be on reporting with the Institutional Effectiveness Committee (IEC); or (4) be currently on deferral. These situations require prior approval from the Council before submission of the branch application. This approval may be obtained by the institution submitting a narrative (called a waiver) describing why they should be permitted to apply while on review by the IEC or FRC. The





waiver will be considered for an action at the next regularly scheduled Council meeting. If the request is submitted to the Council in between meetings, it will not be considered until the next scheduled meeting. If a school is not required to report any information to the FRC or the IEC, but cannot submit an application because it has been deferred, the Business Practices Committee will review the request. If the committee permits the institution to submit the application, a letter is e-mailed and sent to the main campus notifying it of the decision.

Section 2-2-104(a) of the Accreditation Criteria also indicates that any institution “under a show-cause directive or a negative action will not receive approval from ACICS for the initiation of any branch campus while the action is in effect.”

Therefore, the Program Analyst, as part of the review, will access the institution’s account via Member Center and review the **Council Action** section of the dashboard to confirm that none of the conditioning actions above are in effect. In the event that the institution needs to obtain prior approval, an email communication will be sent to the primary contact to explain the waiver submission process (by the Senior Manager).

### **STEP THREE – CONSIDERATION AND ACTION BY EXECUTIVE COMMITTEE**

The Senior Manager, Institutional and Program Review, presents the branch application to the Executive Committee for consideration for an expansion of the institution’s scope of accreditation. Refer to the [Executive Committee](#) chapter of this Manual for the possible actions and follow up.

In addition to the actions outlined in the aforementioned section, when the new branch has been approved, an approval letter for inclusion of the campus within the scope of accreditation of the institution is generated, converted to a PDF file, e-mailed to the institution and copied to the US Department of Education representative, the US Department of Education School Participation Team representative, the appropriate state representative, and the branch campus contact, if known. The letter is uploaded into the Branch Campus Application within the Member Center, and application status is set to “Visit Required”.

### **STEP THREE –NEW BRANCH PRE-VISIT SETUP**



Staff goes into *Visit Management* in Personify and assigns a cycle to the Quality Assurance Monitoring: New Branch

#### **STEP FOUR – QUALITY ASSURANCE MONITORING: NEW BRANCH VISIT**

Within six months of the initial start date of classes at the new branch campus, staff will conduct an onsite evaluation. It is critical that the institution advises ACICS, and staff will follow up accordingly, if there is a change to the initial start date of classes to ensure that this visit takes place within the six months.

#### **STEP FIVE – NEW BRANCH FULL EVALUATION**

Subsequent to the initial review by ACICS, if there are any issues identified as a result of this visit, the campus is advised that they must be addressed prior to the submission of the additional components of the New Branch Application and preparation for the full onsite visit. The nature and substance of these concerns may be reviewed at the staff level or be presented to the Council at its next meeting for determination on the readiness of the institution to manage and operate a new branch.

If there are no concerns, or the concerns have been addressed, the accreditation staff advises the campus that it may proceed with submitting the Self-Study component of the application (Part II) in preparation for a visit within 18 months of the initial approval. Staff ensures that all the required elements are included once the Application has been submitted. The visit preparation process is similar to that outlined in the [Renewal of Accreditation Application Process](#) chapter of this Manual.



## CHAPTER 4: BUSINESS PRACTICES COMMITTEE

### INTRODUCTION

The mission of the Business Practices Committee (BPC) is to identify and promote quality business practices of career colleges and schools, to ensure integrity and ethical relations, and to foster cooperation among institutions on behalf of students and others served (*Accreditation Criteria* – Article V Committees, Section 1(b) *Business Practice Committee*)

### PROCEDURE

**The BPC will achieve its mission through the accomplishment of the following objectives:**

- To promote through the development of new criteria and the enforcement of existing criteria, ethical principles, company values, and socially responsible business and management practices for ACICS member institutions.
- To monitor ACICS-accredited institutions' cohort default rates on an annual basis and identify institutions at risk of losing Title IV eligibility.
- To provide ACICS-accredited institutions with the knowledge and tools necessary to develop and implement a successful default management plan.
- To review current and emerging market trends and industry standards when considering changes to existing accreditation standards.
- To enable ACICS-accredited institutions, through continuous evaluation of existing criteria, to maintain a competitive edge in light of newly emerging market trends.
- To provide a forum for communication between member institutions and their existing student bodies through the enforcement of policy and procedures for resolving complaints.

Two Council staff members will serve as liaisons to the Committee to support meeting its objectives. The primary liaison's responsibilities include interacting with the Committee Chair, facilitating the items for discussion and the Committee's consideration, and ensuring that all policy changes and institutional reviews are ready for the Committee. The secondary liaison



serves as the Committee scribe, preparing the meeting agenda, recording minutes, and ensuring that the final minutes have been reviewed by the primary liaison and approved by the Chair prior to the full Council's discussion and acceptance. The secondary liaison is also responsible for ensuring that the final draft minutes and any materials handed out during the meeting are stored in the ACICS Intranet.

In preparation for the meeting, the draft agenda, policy outlines, reports, and supporting documents are saved here in the intranet: [Council](#) > [Documents](#) > [POLICY](#) > [BPC](#) (appropriate year and meeting folder).

Upon completion of the meeting and once the minutes have been drafted, they should be saved here: [Council](#) > [Documents](#) > [MEETING](#) > [MINUTES](#) (appropriate year and folder). Any edits identified during the final approval is made by the secondary liaison and saved as final in the folder.





## **CHAPTER 5: CAMPUS ACCOUNTABILITY REPORT (CAR)**

### **INTRODUCTION**

As a condition of maintaining good standing an institution holding a grant of accreditation from ACICS is required each year to provide specific, quantitative and qualitative information about its operations and education outcomes to the Council. The award of a grant of accreditation obligates an institution to fully inform ACICS of specific activities. The timing, format and content of the information required are described below and in the explanatory narrative of the annual reporting submission forms. The Council requires an annual report from each main and branch campus (*Accreditation Criteria - 2-1-801. Campus Accountability Report*)

### **PROCEDURE**

Preparation for the Campus Accountability Report (CAR) commences during the months of February - April every year and is the responsibility of the Senior Manager of Institutional and Program Review.

#### **APRIL PREPARATION**

The [Institutional Effectiveness Committee](#) (IEC) will determine what revisions, if any, are made to the CAR Guidelines and Instructions and the CAR itself. The Senior Manager of Institutional and Program Review, with support from the IT team, will oversee these revisions and provide recommendations for consideration.

If changes are made to the CAR and/or Guidelines and Instructions, it may be necessary to make the same changes to CAR program spreadsheets and campus questionnaire, which are made available on through the institution's Member Center account. If changes are required to the CAR, it is necessary to notify the IT department of these changes, so that time can be scheduled to discuss, develop, test and implement the changes.





## SEPTEMBER PREPARATION

The Guidelines for Completing the CAR are fine-tuned and then posted to the Web site along with a sample CAR program spreadsheet.

Every main and branch campuses accredited by ACICS are required to submit a CAR by November 1. Staff will provide training webinars, as appropriate on a regular basis, to provide guidance to campuses and address any concerns.

## OCTOBER/NOVEMBER TRACKING

The Senior Manager of Institutional and Program Review monitors the receipt of CARs through the online system. This monitoring and tracking system occurs on a regular basis until November 1. If a campus fails to submit the report by the due date, correspondence will be sent via email by the Manager advising the institution of the required submission, the assessment of a late fee, and the accreditation consequences if the report is not received immediately. The accreditation of the institution may be revoked as a consequence, pursuant to Section 2-3-401(d)

## CAR SYSTEM CLOSURE AND REPORTS ANALYSES

During the time of the CAR submissions, the Senior Manager of Institutional and Program Review works with the IT Department, as necessary, to aid in the creation/updating of reports that will be necessary for Council use in reviewing data on enrollment growth and student achievement review (campus and program-levels). Based on the information from the CARs, the Senior Manager of Institutional and Program Review will recommend to Council campuses to be placed on [Enrollment Growth Monitoring](#) based on the enrollment data reviewed from the current and previous year's CARs and [Student Achievement Review](#) based on the reported retention and/or placement rates at both the campus and program levels.

Additionally, the following will be reviewed for subsequent monitoring action:

1. English as a Second Language (ESL) program enrollment to ensure that institutions are not just offering ESL programs which do not have career objectives and placement outcomes. **This would call into question the institutions eligibility (Section 1-2-100(a)).**



2. Distance education enrollment at institutions to ensure that growth at the campuses does not exceed 50%. **This would trigger the monitoring and notification to ED of significant growth.**
3. The percentage of non-programmatic enrollments to ensure that the majority of institutions enrollments are in ACICS approved programs. **This would call into question the institutions eligibility (Section 1-2-100(a)(d)).**
4. A comparison of placement data reported on the CAR with the placements reported in the Placement Verification Program to ensure all placements reported on the CAR have been verified and validated by ACICS. **Verification of the integrity of the data (Section 3-1-203)**

#### **COUNCIL REVIEW AND FOLLOW-UP**

At the December Council Meeting, staff will provide the IEC with a list of campuses and programs to be considered for Student Achievement Review actions. Additionally, institutions seeking waivers from Student Achievement Review will be presented as well, if applicable. Following the Council's review and approval of all Student Achievement Review data, formal communication is sent to all institutions concerning the action taken, consistent with those outlined in **Appendix L** of the *Accreditation Criteria*. The Department will also be notified, as appropriate, on significant enrollment growth and any other observations requiring their prompt notification.



## **CHAPTER 6: CAMPUS CLOSURE PROCESS**

### **INTRODUCTION**

In all instances of termination of academic activity at either main or nonmain campuses, ACICS must be assured that provision is made for currently enrolled students to complete the program of instruction for which they have enrolled, either at that institution or at another acceptable institution. In addition, ACICS must be assured that student academic transcripts are safely stored and protected and that the transcripts will be accessible to students and alumni indefinitely. ACICS and the appropriate regulatory agency must be notified of the arrangements made in this regard.

The Council may direct an accredited institution to provide a school closure plan or a formal teach-out agreement in instances where the educational needs and objectives for student learning are questionable. If an institution enters into a teach-out agreement with another accredited institution, the proposed agreement must be reviewed and approved by ACICS prior to implementation. Teach-out agreements must address two key elements as follows: 1) Students will be provided the instruction promised without additional charge if not provided by the closing institution, and 2) the proposed teach-out institution is located within close proximity of the closing institution or can provide students with reasonable access to its programs and services. Further, the teach-out institution must be considered by ACICS to have the appropriate resources to provide the specified programs of acceptable quality and similar in content, structure, and scheduling (*Accreditation Criteria* – Sections 2-2-301, 2-2-302, 2-2-303).

### **PROCEDURE**

#### **STEP ONE – SUBMISSION OF APPLICATION**

Institutions must login to their account in the Member Center, click on Modify or Add Locations, and open a Closing a Campus application. The institution downloads the appropriate templates (Notification, Teach-out Plan, and Teach-out Agreement if applicable), completes all





that are applicable, and uploads them into the campus closure application with the accompanying documentation.

- **Part I-Notification** is submitted as soon as the decision has been made to close a campus. This submission is confidential and does not require notification to students or the public.
- **Part II-Teach-out Plan** is required when the institution has finalized a teach-out plan (including notification to students and the public of the teach-out) and prior to the tentative closing date. Documentation must include an audit of enrolled students, student notification, state and federal notification, and faculty and staff notification.
- **Part III-Teach-out Agreement** is required if a teach-out plan includes a teach-out agreement. This section of the application process requires ACICS approval prior to implementation. Documentation includes a draft teach-out agreement and program comparison. Once the campus has officially ceased operations, the campus is required to upload formal notification of this closure on institutional letterhead, indicating the last date of academic activity. This document serves as the last upload in the campus closure process, unless ACICS requires further documentation from the institution, such as a final audit of enrolled students in the case of a campus closure prior to the teach-out of all students. Such an audit would indicate where any remaining students will be completing the program of study for which they enrolled.

## STEP TWO – STAFF REVIEW

Upon submission of the Campus Closure Application, an ACICS staff member will review the documentation for compliance with the *Accreditation Criteria* and issue an acknowledgment of closure letter, which may be found on SharePoint under AID/Documents/AccreditationandInstitutionalDevelopment/Templates/Institution-Campus ClosureandVoluntaryWithdrawalAcknowledgments, once the formal notification of closure has been received. The letter is sent to the institution via e-mail, and is copied to the appropriate U.S. Department of Education representatives (listed on the template), the appropriate state agency, and the name of the branch campus contact, if applicable.

## STEP THREE – TEACH-OUT PLAN/AGREEMENT APPROVAL



The assigned staff, with guidance from the Vice President of Accreditation, carefully analyzes, reviews, and applies the following principles in approving the Teach-Out Plan. If the closing institution offers a program that holds programmatic accreditation, that accreditor must be notified (by copy on the approval letter) of the approval of the plan. A

- Does the plan provide for the equitable treatment of students? i.e. Does the plan clearly disclose the reasons and conditions to each student; inform students of additional time to complete additional changes; provide comparable quality of service; and offer programs in compliance with standards during the teach-out?
- Is the campus conducting its own teach-out or will it be securing agreements with other comparable institutions?

ACICS has the right to require a teach-out agreement as part of the institution's Teach-Out Plan. This determination is made if the institution has not demonstrated its capacity to offer programs and services of acceptable quality on its own. The following questions are considered:

- Is there another institution involved in the teach-out? If so, is that institution accredited by an agency recognized by the Department? Is that institution in good standing with its own accrediting agency? Is that institution stable? Can it offer access without requiring the students to move or travel long distance? Are there any additional charges, and who pays?

#### **STEP FOUR - APPLICATION CLOSURE AND RECORDS MANAGEMENT**

The acknowledgment of campus/institution closure letter is saved in the campus closure application using the name and ID Code of the institution or campus. Upon upload of the acknowledgment letter, ACICS staff approves the Campus Closure Application, and the application is stored in the campus or institution's electronic database. Finally, the ACICS staff person updates the membership database (Personify) to record the date of closure of the campus/institution and mark the campus/institution as "Closed." ACICS staff must also mark the Personify account for the corresponding corporate ownership as "Inactive" if it no longer has any institutions accredited by ACICS following the institution/campus closure process, to ensure that the corporation is not billed any future sustaining fees.





In addition, the ACICS staff person who is responsible for the management of the ACICS website is copied on the acknowledgment of closure letter, and adds the information on the campus/institution closure to the “Institution Closings” webpage on the website.



## **CHAPTER 7: CAMPUS TEACH-OUT PLAN REQUEST**

### **INTRODUCTION**

The Council may direct an accredited institution to provide a teach-out plan when it has concerns about the institution's ability to continue to serve the educational needs and objectives of its students as a result of its assessment of risk factors, or it has been issued a show-cause directive. These factors include, but are not limited to, actions by the U.S. Department of Education, state governing bodies, and other state and federal entities. (*Accreditation Criteria* – Section 2-2-303).

### **PROCEDURE**

#### **STEP ONE – SUBMISSION OF APPLICATION**

Upon receipt of information from any of the aforementioned sources or as a result of a show-cause directive action taken by the Council, the institution will be advised that it must log into its account and submit the *Request for Institutional Teach Out* application, with a deadline indicated for the submission.

#### **STEP TWO – REVIEW OF TEACH-OUT PLAN**

The application may be reviewed by the At-Risk Institutions' Group (ARIG), if the request was triggered following receipt of external information; or as part of the institutional review process for the show-cause directive. In both cases, the Plan is evaluated for the following:

1. The number of students that would be impacted by possible closure, including completion of program, financial obligations, potential for program transfer, etc.
2. Accessibility to comparable institutions within reasonable distance to the campus which that offers programs similar to those offered at the institution.
3. The safety and security of permanent academic records (transcripts, etc.) to include the name of a custodian.



4. The availability of financial resources available to ensure that students who are too advanced in their studies to transfer elsewhere from their current campus can complete their programs or receive refunds.

### **STEP THREE – FINAL CONSIDERATION AND ACTION**

These considerations are incorporated into the Council's decision concerning the Show-cause directive or into ARIG's review. An appropriate communication is prepared and maintained in SharePoint for the record.



## CHAPTER 8: CHANGE OF LOCATION APPLICATION

### INTRODUCTION

Institutions are required at all times to keep the Council informed of any changes of address and changes of location. Change of location of a campus requires prior Council approval. The President has the authority to review and approve a change of location and may direct an onsite evaluation visit as part of the review. If the change of location results in disruption of transportation or forces students to relocate, the institution will also discuss and submit teach-out plans for the closing of a location (*Accreditation Criteria – Section 2-2-602. Change of Location*).

### PROCEDURES

#### STEP ONE – SUBMISSION OF APPLICATION

To submit an application, the institution, or campus, logs into the ACICS Member Center and clicks beside *Modify or Add Location*; then uploads the requested documentation into the Change of Location Application and remits the required fee, as outlined in the *Schedule of Fees*.

#### STEP THREE –STAFF REVIEW

If all of the above components are not submitted, staff contacts the institution via e-mail for the missing elements, and the application is held until the missing documents have been received, **to not exceed two weeks after request. If the information is not received, the application will be withdrawn.**

On a weekly basis, staff must log into the Analyst Dashboard in the Member Center to check for new Change of Location Application submissions. Upon receipt, staff reviews the completed application and supporting documentation for compliance with the *Accreditation Criteria* and determines if the change is appropriate. If the requested change is found to be in compliance with the *Accreditation Criteria*, an approval letter is generated, turned into a PDF file, e-mailed to the institution, and copied to the U.S. Department of Education representative



(included in the template), the appropriate U.S. Department of Education School Participation Team representative (found in the most recent Directory of Higher Education Officials), and the appropriate state representative (found in the most recent Directory of Higher Education Officials).

Approval will not be granted unless all of the above elements are received. In cases where the state requires approval from the accrediting agency before it will grant approval or requires an on-site visit to the new location before granting approval, the institution must present evidence from the state in which accreditor approval is required before final approval can be granted.

Alternatively, an onsite review may be conducted in connection with the review of the application, prior to final approval.

#### **STEP FOUR – DOCUMENT MANAGEMENT**

Staff uploads the approval letter into the Change of Location application in the Member Center and changes the application status to Approved. All approval letters are saved to the Intranet, using the appropriate folder for the appropriate year using the institution's ID Code as the name for the file.





## CHAPTER 9: CHANGE OF NAME APPLICATION

June 2017

### INTRODUCTION

Change of an institution's name requires prior Council approval before the institution is allowed to promote or advertise its new name (*Accreditation Criteria* – **Section 2-2-601 - Change of Name**).

### PROCEDURES

#### **STEP ONE – SUBMISSION OF APPLICATION**

To submit an application, the institution, or campus, logs into the ACICS Member Center and clicks beside *Modify* or *Add Location*. They then select the *Change of Name Application*, download and complete the application, upload the application and supporting documentation, and remits the required fee, as outlined in the *Schedule of Fees*.

#### **STEP THREE – STAFF REVIEW**

If all of the above components are not submitted, staff contacts the institution via e-mail for the missing elements and places the application on hold until the missing documents have been received.

On a weekly basis, staff must log into the Member Center Analyst Dashboard to check for new Change of Name Application submissions. Upon receipt, staff reviews the completed application and supporting documentation for compliance with the *Accreditation Criteria* and determines if the change is appropriate. If the requested change is found to be in compliance with the *Accreditation Criteria*, an approval letter is generated, turned into a PDF file, e-mailed to the institution, and copied to the U.S. Department of Education representative (included in the template), the appropriate U.S. Department of Education Case Management representative (found in the most recent Directory of Higher Education Officials), and the appropriate state representative (found in the most recent Directory of Higher Education Officials).



Approval will not be granted unless all of the above elements are received. In cases where the state requires approval from the accrediting agency before it will grant approval, the institution must present evidence from the state in which accreditor approval is required before final approval can be granted.

#### **STEP FOUR – DOCUMENT MANAGEMENT**

Staff uploads the approval letter into the Change of Name application in the Member Center and changes the application status to Approved. The approval letter is saved in the Intranet (SharePoint) in the folder for the appropriate year using the institution's id code as the name of the file.



## **CHAPTER 10: CHANGE OF OWNERSHIP APPLICATION**

### **INTRODUCTION**

The Change of Ownership Application is one of the most time-sensitive applications submitted to the Council. Because an institution's Title IV eligibility may be interrupted following a change of ownership, the new owners must have the Council's approval within 30 days of applying to the Department of Education for reinstatement of eligibility. These applications should be processed by ACICS within five business days so as to limit the potential loss of eligibility. The immediate outcome of this application is the temporary reinstatement of accreditation; permanent reinstatement only occurs after a Change of Ownership visit, receipt of audited financial statements, and finally Council approval. Temporary reinstatement will permit an institution to apply to the Department of Education for reinstatement of its Title IV eligibility.

The Change of Ownership Application is processed according to the standards set forth in Sections 2-2-400, 2-2-401, 2-2-402, and 2-2-403 of the *Accreditation Criteria*.

### **PROCEDURE**

#### **STEP ONE**

An institution logs in to the Member Center, clicks to open a Change of Ownership Application, downloads the appropriate templates, uploads the required application form and documentation into the application, and remits the fees as outlined in the *Schedule of Fees*.

#### **STEP TWO**

The appropriate staff member confirms that the following items have been uploaded into the institution's Change of Ownership Application, to include all items identified as required in the application.

When reviewing this document, the senior manager checks to be sure that the contract does not contain any contingencies about the reinstatement of accreditation. Any sale that is dependent on the new owners obtaining accreditation will not be approved.



### **STEP THREE**

Once the application is complete, the next step is to prepare a summary of the details of the change of ownership and to send ballots overnight to the Financial Review Committee (FRC), if the application is being processed between Council meetings (within two weeks). The first part of the application has much of the information needed to complete the summary. The most recent placement rates, new owners, default rates, composition of the new corporation, date of the acquisition, and purchase price are found here. An example of the summary may be found in <U:\COUNCIL\CHNG.OWN\SUMMARYSAMPLE>.

The summary should include the names of the current and former owners, including all stockholders holding at least 10%; a description of the transaction; a summary of the key statistics about the institution retention and placement, defaults, financial or Institutional Effectiveness Committee; a description of the long-range plan for the future of the institution; a summary of the changes proposed or initiated by the new ownership; and a staff recommendation.

The summary should be accompanied by a copy of the application and a ballot for the FRC to complete and return by e-mail that requires either a “yes” or “no” response and whether or not the new owners should attend an Accreditation Workshop. A draft ballot is located in <U:\COUNCIL\CHANG.OWN\BALLOTSAMPLE>. The summaries and ballots are saved in their appropriate subdirectories in the EDM.

### **STEP FOUR**

While awaiting the return of the ballots, the staff member prepares an approval letter granting temporary reinstatement of accreditation. This approval letter must include a list of all currently approved programs and the length of each program. A draft letter may be found in <U:\COUNCIL\CHANG.OWN\APPRVLSAMPLE>.

### **STEP FIVE**

After receiving a majority of “yes” votes from the FRC, the President notifies the institution of the Council’s decision to grant temporary reinstatement of accreditation. The President signs all correspondence granting approval for a Change of Ownership. The signed approval letter is saved in the appropriate subdirectory in the EDM.





## **STEP SIX**

The Senior Manager sends the signed temporary approval letter to the main campus and copies to the Department of Education and the appropriate state officials.

## **STEP SEVEN**

Once the above steps have been completed and approved, the Senior Manager will upload the temporary reinstatement letter into the application and notify a member of the Accreditation team that a quality assurance monitoring visit must occur within six months of the change of ownership transaction date.

## **STEP EIGHT**

Once Council makes a final approval determination, the staff will prepare the approval letter. The signed approval letter granting permanent reinstatement of accreditation will be e-mailed to the main campus with a copy to each nonmain campus and the appropriate state agency contact. Staff uploads a pdf copy of the approval letter to the application, changes the status of the application to approved, and submits the change to save it. When all Council action letters have been sent, the IT department will update the database with the committee actions. The assigned staff member then updates the Personify database to reflect the new name, organizational structure, and fiscal year end if applicable of the corporation.



## **CHAPTER 11: COLLABORATION WITH STATE REGULATORY ENTITIES**

### **INTRODUCTION**

ACICS is committed to working closely with state higher education boards, post-secondary licensing agencies and other regulatory entities on issues, actions and information regarding ACICS-accredited institutions.

ACICS will respond promptly to information requests from state higher education or postsecondary education regulatory entities, including both routine and ad hoc requests. ACICS routinely invites state regulatory entities to observe or participate in evaluation visits to institutions in their respective states. ACICS will communicate with the appropriate state regulatory entity to inform and, if necessary to confirm state approval, prior to considering any substantive and non-substantive change applications or monitoring reviews. ACICS will routinely notify state regulatory entities of all adverse actions taken by the Council regarding any of the institutions in their respective states.

### **PROCEDURES**

#### **STEP ONE – WHO WILL RESPOND**

Any requests for information from state regulatory agencies will be promptly responded to by the office of the President or Accreditation Department.

#### **STEP TWO – COMMUNICATION TO STATE REGULATORY REPRESENTATIVE**

Site visit coordinators routinely send a copy of the VS1 (Visit Confirmation Memo) to the state regulatory representative whose name and address appear on the Directory of Higher Education Officials. If an anticipated visit observation is confirmed, the visit coordinator will then send the state representative an official State Representative Observation Memo, which provides specific details about the purpose of the visit and visit itinerary.



## **CHAPTER 12: COMPLAINTS AGAINST ACICS**

### **INTRODUCTION**

Consistent with its focus on assuring accountability and integrity in all its accreditation processes, ACICS (The Council) has established a procedure for the investigation of any complaints against itself that upholds these expectations. The Executive Committee, serving on behalf of the Council, will oversee the review to assure its independence and objectivity.

### **PROCEDURES**

1. All complaints against the Council must be in writing, and includes complaints shared by State and federal agencies.
2. Upon receipt at the Council's office, all such complaints will be forwarded by the President to Legal Counsel for advisement.
3. With consideration from Legal Counsel, the President will present the complaint to the Executive Committee at its next scheduled monthly meeting.
4. The Executive Committee will review the complaint with the due diligence appropriate to the nature and substance of the allegations, requesting, as necessary, additional information from the staff of the Council, the complainant, and any other parties associated with the matter.
5. Upon completion of its review, the Executive Committee will advise the President of its decision.
6. The complainant will be notified, in writing, within 30 days of the Executive Committee's decision, as to the findings and actions taken.



7. Under such circumstances where the Executive Committee determines that it is appropriate, an ad hoc committee of outside members and/or public member Commissioners will be appointed to independently review and evaluate a complainant and to submit a report for subsequent review by the Executive Committee.
8. If a complaint is filed against the Executive Committee, or the full Council, the Board of Ethics, will investigate the matter, consistent with its purview and established procedures. The findings of the Board will be provided, in writing to the Executive Committee for final action.





## **CHAPTER 13: COMPLAINT AND EXTERNAL INFORMATION REVIEW**

### **INTRODUCTION**

Complaints are received from all sources with direct involvement with the campus, including current and former staff, faculty, and students (and their representatives) and are submitted anonymously and openly. External information includes all potentially adverse information received by third-parties. All complaint and external information are processed according to the standards set forth in Sections 2-3-700 and 3-1-202(d) of the *Accreditation Criteria*.

### **PROCEDURE**

#### **STEP ONE – COMPLAINT OR ADVERSE RECEIVED**

Complaint or adverse information received via telephone or hard-copy communication is routed to the Complaints and Adverse Review staff. However, a majority of complaints are received electronically through the online Complaints Module which is accessible via the web site at <http://www.acics.org/contact/content.aspx?id=1442>. They are also received via email to a member a staff. In the instances of paper, telephone, or email receipts, the complaint is advised, via email or telephone, to complete the online submission process in order to provide supporting documentation that can facilitate the review.

The record for external information is created by staff without follow up with the source and general triggers the investigation procedures of the At-Risk Institutions' Group (ARIG). Similarly, based on the nature of a hard-copy complaint, and the information available, staff will create the online complaint file without follow up with the source. Please review the ARIG Procedure section of this Chapter for additional details on the investigation of Adverse External Information.



### ***External Information***

Additional sources of adverse information include newspaper articles; television or radio reports; negative program reviews; findings in Inspector General Reports; U.S. Department of Education attempts to limit, suspend, or terminate an institution; negative actions by other accrediting bodies; actual or threatened revocation, suspension, or conditions by the state higher education authority.

### ***Complaints***

If the determination is made that the information is in the form of a complaint, staff will conduct a review of the complaint to make sure that it meets the following minimum requirements as described in the [Procedures for Resolving Complaints](#). In addition, the complaint must be detailed, accurate, and include documentation to support the complainant's allegations.

1. If the complaint does not include the necessary documentation to substantiate allegation or follow the procedures outlined, and no additional information was provided following a request, staff will prepare a C2 letter advising that there is no evidence of violations of the *Accreditation Criteria*. The institution will **not** be sent a copy of the correspondence. These complaints are logged (with the "No Action" designation) in the electronic Complaints Portal, with a note by the reviewer on why the action was deemed appropriate.

2. If, based on staff's review, possible violation of the ACICS Criteria is identified, a request for information letter is prepared and sent to the campus in question; and a follow up is sent to the complainant (if contact information is known):

- C3 - Letter informing complainant that the complaint has been sent to the institutions and a response has been requested
- C4 - Letter to the campus that includes a copy of the complaint (redacted if necessary) and with a request for specific information that aligns with the relevant Criteria. In some instances, the nature of the complaint may require a general request for information on how the campus has or will address the identified issues.



The campus may be given up to 21 calendar days to respond to the complaint, depending on the determined severity of the issues, and is expected to make reasonable efforts to resolve the problem directly with the complainant (as much as is possible)

## **STEP TWO– COMPLAINT RECORD**

Any additional supporting documentation provided by the complainant is uploaded to the electronic complaint file, along with all correspondence sent and received by staff. A log of the open and closed complaint information is automatically maintained within the complaint portal.

## **STEP THREE – TRACKING**

Staff checks the portal for response due dates. Additional correspondence is sent serving as a reminder to campuses that have not submitted their response and to also provide extension to the original due date, if requested. Late fees may be assessed to campuses who do not respond in a timely manner. Institutions who do not respond, after multiple requests may be subject to an ARIG-directed onsite review or directed to show-cause why their accreditation should not be suspended, revoked, or otherwise conditioned.

The visit would be facilitated by at least one staff and any other evaluators, based on the allegations originally under investigation and would be at the expense of the institution, with no notice, as provided for in Section 2-1-805 of the *Accreditation Criteria*.

If the recommendation is to issue a show-cause directive, staff will draft an outline as the reason for the directive along with any supporting materials to make the case, and a copy of the show-cause directive letter for the review and approval of the Executive Committee. This recommendation will be forwarded to the EC by the President.

## **STEP FOUR – STAFF REVIEW**

Staff conducts a review of the response to determine if it adequately addresses the allegations made by the complainant(s).

### **1. INCOMPLETE or INSUFFICIENT RESPONSE**

If the response failed to sufficiently address, with documentation, the allegations raised and/or provide a response to specific requests for information, an additional request for information correspondence (C9) is sent to the campus requesting the specific





(listed by the coordinator) information needed to evaluate its compliance with ACICS standards. This information must be received no later than two weeks upon receipt and less time may be provided, if there is serious concern by staff. The complainant also receives communication that additional information has been requested from the institution (C10).

- C9 - Letter to institution- more information requested
- C10 - Letter to complainant- more information requested of institution

## **2. COMPLETE RESPONSE**

The response, which may be reviewed by senior staff or an external reviewer (IRC), will be evaluated to determine if the campus has demonstrated its compliance with the applicable standards, either through resolution or lack of culpability, or if there are outstanding issues requiring additional investigation.

- a. Routine Complaints. Frivolous, irrelevant or otherwise unsubstantiated complaints and complaints with responses that demonstrate the institution is in compliance with the *Accreditation Criteria* are dismissed.
  - C5 Letter to complainant - complaint dismissed
  - C6 Letter to institution – complaint dismissed
- b. Processing Settled Complaints. If the matter has been settled between the two parties, C7 and C8 letters are prepared with specific details on the resolution.
  - C7 Letter to complainant – complaint resolved
  - C8 Letter to institution – complaint resolved
- c. Outstanding Issues. When there is ongoing concern with the campus's compliance with the Accreditation Criteria, the matter will be presented to ARIG for its consideration and action.

All materials and communication related to the complaint are maintained in the Online Complaints Module, which are also accessible by the accreditation team and Commissioners.





## STEP FIVE – COMMUNICATION TO COUNCIL

### *Complaint Chart and Review of Files*

The Business Practices Committee (BPC) of the Council will be provided, at every meeting, a log and synopsis of all complaints and adverse (except financial). Financial adverse is presented as an information item by the staff liaison to the Financial Review Committee.

In those cases where an onsite visit has taken place as a result of a complaints investigation, with team's report and the campus's response will be assigned to a commissioner for file review, who also serves on the BPC (for Committee debriefing). From file review, a recommendation for the Full Council's consideration would include -

1. Campus/Institution has sufficiently addressed concerns and the complaint is closed. Council action letter would be an approval of the review.
2. Campus/institution failed to satisfactorily address the team's findings and placed on **compliance warning** since it is out of compliance at this point (at least one opportunity for response, an onsite review, and opportunity to respond to report).
3. The Council has serious concerns with the institution's/campus's ability to demonstrate compliance and determined that it is materially out of compliance with the Criteria, issuing a **show-cause directive**.

### Institutional File Review

Commissioners, as part of the file review process, will review all open complaints and adverse information via the campus account on Member Center, for consideration of a final accreditation action.



## **AT-RISK INSTITUTIONS' GROUP (ARIG)**

### **Purpose:**

The expressed purpose of ARIG is to review the interim information/actions received concerning member institutions and determine an investigatory action that will take place. The goal is provide the Council with the necessary information by which to make an informed decision about a campus or institution.

### **Scope of Review:**

The items which the group compiles information is gathered from complaints, adverse information, student achievement review, finance review, enrollment growth monitoring, and the most recent on-site comprehensive visit. The ARIG report lists all ACICS-accredited institutions and compiles all of the actions/information as well as the retention and placement rates of the campus and the cohort default rates of the institution. The report allows the group to see each action against each campus and institution (a main and its branch campuses).

### **Meetings:**

The Group will meet the 2nd Thursday of each month in order to stay current with institutional/campus concerns in case these concerns need to be relayed to the Executive Committee which convenes the week following the ARIG meeting. ARIG will also meet on an ad-hoc basis as new information is received that may be egregious and require immediate attention (particularly related to complaints and adverse information).

### **Process:**

The Group members have been assigned due to their experience and daily responsibilities of handling one or more of the interim review items. Each member discusses each case within their purview and based on any additional actions and information provided about the institution (including accreditation and complaint history) and the ARIG report, the committee determines the appropriate investigatory action. The Group is not authorized to take any specific non-



compliant actions against an institution (only the Council and Executive Committee can take actions against an institution).

### **Investigatory Actions:**

The group has a variety of investigatory actions to which it can assess an “at-risk” institution:

- Handle the case through the specific interim review process by which it arose (i.e. the complaint process, adverse process, below standard performance rates, etc.).
- Direct a special visit to the institution to review the overall effectiveness of the campus/institution and a focused review of the specific issues of the case. This review can be (limited) announced or unannounced.

Each of these investigatory actions is not mutually exclusive. The group may require the institution to provide a response and then upon review of that response, direct a heightened response or special visit.

### **Disposal of Case:**

Each action/information will remain on the ARIG report until the case is effectively closed. All investigatory findings and reports will be reviewed per the quarterly Council File Review process and an action in line with the Council Action Process (i.e. compliance warning, show-cause, withdrawal by suspension, etc.) will be issued to the campus/institution similar to the application review process.



## **CHAPTER 14: CONFIDENTIALITY, DISCLOSURE, AND NOTIFICATION**

### **INTRODUCTION**

ACICS has an established policy of notifying member institutions of its notifications to the Department regarding Title IV administration and/or suspected fraud and abuse and specifically provides for an agency review of Departmental contacts on a case-by-case basis, in order to enable the agency to properly assess whether the confidentiality of the contact needs to be maintained.

The policy presented is not intended to cover every situation, and the Council exercises considerable discretion in balancing the need for confidentiality in the accreditation process with the need to disclose information to the public, including students and student applicants, and to other interested third parties, including government agencies (*Accreditation Criteria* – Appendix A Bylaws, Article VIII Miscellaneous, Section 5 *Confidentiality* and Appendix G – Guidelines on Disclosure and Notification).

### **PROCEDURE**

The guidelines in Appendix G are designed to inform institutions of the policies of the Council and to guide staff in disclosing information and providing materials to third parties regarding an institution's accreditation. Many policies are required by federal law and regulation.

The policies presented in Appendix G are not intended to cover every situation, and the Council exercises considerable discretion in balancing the need for confidentiality in the accreditation process with the need to disclose information to the public, including students and student applicants, and to other interested third parties, including government agencies. The Council will provide information requested by the U.S. Department of Education that may bear on an institution's compliance with federal student financial aid requirements. Please refer to Title II, Chapter 3 of the *Accreditation Criteria* for additional information.





Specific procedures are outlined below for those areas that are routine and require consistent application:

1. Conditioning or Adverse Actions – 24 hours – after notification to the institution, which will include copies to the USDE records manager, the state oversight agency, any applicable programmatic accrediting agency, and federal agencies (SEVP and School Participation Teams), a copy of this notice will be posted on the ACICS web site. The web site manager is blind copied on the email to the institution so that the notice can be posted on the Council Action web page. Staff will review this page to ensure that all notices are up to date and follow up with the website manager as needed.  
In cases of a denial of accreditation action, if the institution chooses not to appeal but **wishes to make a formal comment** (for the record), this must be received within the 10 business day period provided and then communicated to the USDE and state oversight agency. A copy of these comments will be published on the web site (under the final action).
2. Review Board of Appeals Final Actions – 30 days to institution and 24 hours to public after notice to the institution. All agencies – USDE, state oversight, federal entities, and relevant accrediting agencies – will be copied on the final communication to the institution on the Review Board's decision. Again, the web site manager must be blind copied so that these comments can be added to the web site.
3. Summary of Council Actions – 30 days – by the 30<sup>th</sup> calendar day following the Council's meeting, all accreditation actions must be compiled into a report to be emailed directly to the Director of Accreditation Division in the Office of Postsecondary Education. Copied on this email communication are the states regulatory agencies (general or direct contacts), all other recognized institutional and programmatic accrediting agencies, federal agencies (including school participation teams and SEVP) **This Summary is emailed once all action letters have been sent to the institutions under review and includes both campus and program level actions.** The template of this letter is on SharePoint for consistent use and structure.
4. Final Actions Affecting Institutional Accreditation – 30 days – the USDE is copied on the formal notification to the institution concerning the following actions:
  - a. Institutional or campus closings – revocation effective on date of closure or end of academic activity



- b. Voluntary Withdrawal of Accreditation – revocation effective on official notice from the President or CEO or institutional representative is received (for immediate withdrawal actions)
- c. Expiration of Accreditation – expiration coincides with the last date of grant of accreditation (December 31) and as a result of the institution's intent to not renew is accreditation with ACICS.



## CHAPTER 15: CONSULTATIONS

### **INTRODUCTION**

ACICS has implemented the consultative process to assist accredited and applicant institutions' understanding of the issues significant to the Council with regard to applications or actions presently pending before the Council.

A consultation is directed *only* when the Council has determined that an institution will benefit from an opportunity for direct interaction with a Council staff person and a commissioner (as well as an ACICS evaluator, if necessary) to assist the institution in responding to the Council's request for further information. Consultations are *not* intended to replace an institution's formal response to the requests set forth in the Council's action letters. Rather, consultations provide an opportunity for an institution to receive guidance with regard to the Council's interpretation of the *Accreditation Criteria* and its requirements, the meaning of the Council's findings set forth in the applicable Council action letter, and appropriate responses to the Council's requests for further information or documentation.

### **PROCEDURE**

Institutions are notified of their required participation in a consultation through the action letter they receive after each Council meeting.

An in-person, on-site consultation is ordered *only* when the Council has determined that an institution's interests will be best served by providing the consulting staff person and commissioner with direct physical access to the institution, its personnel, documents, and facilities. In those instances, the institution will be required to pay the expenses of the consultation team, as it would with any other visit to the institution directed by the Council.

The institution may also be required to pay a consultation fee, as directed by the Council. An in-person consultation with a Council staff person and a commissioner held at the ACICS office is ordered when the Council has determined that an institution's interests may be served by conducting the consultation in the offices of ACICS. The institution is required to pay the commissioner's travel expenses in coming to D.C. to meet with institution representatives.



ACICS reserves the option to hold a consultation via phone call, if it is determined that this would be the most beneficial option for an institution. In this instance, the institution would not need to pay unless the aforementioned consultation fee.

During consultations, the following general guidelines apply:

- The commissioner and staff member represent the Council and function as resources knowledgeable of the Council's intent. Their role is to provide explanation and guidance that may be either valued or disregarded, in whole or in part, by the institution in its sole discretion.
- As a practical matter, the commissioner and staff member cannot provide and, as a matter of policy, will not provide any assurance of the Council's ultimate decision or action with regard to any request, response, issue, application, or action pending before the Council. If any such assurance appears to be given, it is speculative and is to be disregarded by the institution.
- The commissioner and staff member present can review and guide the institution with regard to its proposed responses to the Council's action letter. They cannot themselves draft, rewrite, revise, or amend the institution's response, nor can they provide copies of Council documents (e.g., file worksheets) to the institution. Any response submitted by an institution remains the institution's own work product and will be viewed as such by the Council, regardless of its source.

A consultation report will be prepared for the record and shared with the institution and the Council during its subsequent review of the institution's response.





## **CHAPTER 16: COUNCIL ACTION LETTERS' PREPARATION AND PRODUCTION**

### **INTRODUCTION**

Council Action letters (also known as motion letters) are the official correspondence produced in accordance with each Council Institutional File Review meeting. The letters evolve through a series of edits and modifications until their eventual finality when they are sent to the respective institutions.

ACICS is required to notify institutions that have an application reviewed before the Council of the action taken within 30 days of the meeting. The procedures for creating, editing, producing, and delivering that action are described below.

### **PROCEDURE**

#### **STEP ONE – DRAFT ACTION LETTER CREATED**

Depending on the result of the visit (whether findings were issued or no findings were issued), the letter is drafted by a particular individual. For those visits in which no finding was issued, the staff member who conducted the visit is tasked with drafting the appropriate letter for Council review. All visits in which findings were issued, or are part of an institution including a main campus and branch campus(es) for which findings were issued, are reviewed by IRC; a recommendation is made, based on the institutional response, regarding which findings have been satisfied and which have not; and a letter is drafted.

Staff members and the [Intermediate Review Committee](#) (IRC) use motion letter templates as a sample for creating the letter appropriate to the recommended action. These templates contain the language that is used to notify an institution or campus of a particular action as well as who from the institution must be notified, when the documents are to be received, and who from other agencies (branch campuses, state agencies, Department of Education, programmatic accrediting agencies, etc.) must be notified. Action (motion) letter templates are available and maintained in the Commissioner Portal:



ACICS Member Center

Portal Institution - Washington, DC (00025027)

Application Applies To:  
MAIN: Test Institution (00025027)  
750 First Street NE  
Unit 980  
Washington, DC 20002  
(410) 262-5358 EXT 777  
chris.alechko3@stratuspeer.com

Application Status  
Status: APPROVED PENDING  
COUNCIL REVIEW  
View Application Documents  
Assigned Analyst: Stratuspeer LLC  
Last Updated: Thu May 18 09:11:37 EDT 2017  
Visit Required: No  
Personify App ID: N/A  
Citations: View Citations  
Deferrals: View Deferrals

Upload New Document

✓	Name
	MOTION LETTER TEMPLATES
	ORANGE SHEET TEMPLATES
	Sample Documents
	Substantive Changes Templates

Additional Campus Information  
Council Actions View Complaints/Adverse Additional Information

Upload New Document or drag

## STEP TWO – 1<sup>ST</sup> AND 2<sup>ND</sup> REVIEW/EDITS CONDUCTED

The letters acknowledge any findings that have been satisfied and explain the remaining findings or areas of noncompliance along with an explanation of the corrective actions necessary for institutional compliance. These letters are then reviewed by the staff member who conducted the visit along with a team of editors to ensure that formatting, grammar, and content are correct and that the appropriate documentation is requested in the letter – along with a recommendation for an action.

## STEP THREE – 3<sup>RD</sup> REVIEW AND COUNCIL APPROVAL

The action letters that have been drafted are uploaded into the applications in the Commissioner Portal in preparation for the Council's next scheduled meeting. Each commissioner reviews the institutional files, orange sheets, and letters assigned by staff to committees. If any changes are required for the letter, the commissioner reviewing the file makes the changes within the system. The committees (A, B, and C) that reviewed the files eventually make a motion to the full Council to accept the actions recommended. If the Council takes a different action from that recommended by a committee, the staff member is responsible for making any necessary changes to the letter.

## STEP FOUR – SENT TO INSTITUTIONS



The letters reflecting Council actions are then reviewed a final time by the staff member, senior management, and the accreditation content editor to ensure accuracy and consistency and given to the President for final approval. Finally, the letters are delivered via e-mail and hard copy to the institution, in the following manner:

- Adverse (Withdrawal by Suspension/Denial/Revocation): *Email and Overnight Delivery with Delivery Receipt*
- Conditioning (Show-Cause Directive): *Email and UPS Delivery*
- Conditioning (Compliance Warning/Deferral/Approval): *Email and Regular Mail*

Letters for actions taken on Quality Assurance Monitoring visits are sent via e-mail only. In all cases, the email will require both read and delivery receipts and sent with high importance.

A copy of the PDF version of the letter is filed in the application. If an application status changes (such as approved or denied), the application status is changed by the accreditation content editor or designated staff member. Both the Word and PDF versions of letters are filed in groups in the secured Motion Letters folder in SharePoint under the President's department by the date sent.



## **CHAPTER 17: COUNCIL INSTITUTIONAL FILE REVIEW**

### **INTRODUCTION**

Institutional file review is the review of all pertinent information about all institutions coming before the Council for accreditation-related consideration at the meeting. These include institutions to be reviewed for an initial or new grant of accreditation, other substantive changes, and conditioning actions taken as a result of a variety of reasons.

### **POLICY**

Council members are assigned a similar amount of institutions and/or findings to review each meeting. Council members are not assigned institutions that they are affiliated with or are in direct competition with. Council members are also not assigned files of institutions they may have visited or in states where they reside. New commissioners generally will be assigned to work with a more experienced commissioner who will assist them in the file review process. It is also ACICS policy that when institutions that Council members are affiliated with are being discussed, those Council members excuse themselves from the room and also abstain from any necessary voting.

Staff liaisons work with each Council file review committee to ensure that all institutions are reviewed and that all necessary edits are made in time for the final full Council meeting.

### **PROCEDURE**

The review of individual institutions is conducted by the working committees. Under the direction of their committee chair, individual commissioners will review the institutional files and develop recommended actions for discussion. The standard procedure involves reviewing the reason that the institution is on the agenda and determining the actions the Council has taken in the past in consideration of the institution. The commissioner then reviews any visit reports, institutional responses, other information, including student achievement rates, pending complaints and/or external information, and checks the recommended action. Based on this review, it may be appropriate to accept the recommended action and submit it to the Council for consideration. When





a commissioner believes the recommended action is not consistent with the facts in an institution's file, or if subsequent information has been received to alter the recommended action, it may be appropriate to give a different recommendation. The Committees will convene during the week to discuss and reach consensus for the findings for the institutions each commissioner has reviewed.

During the committee considerations of institutional files, each commissioner will discuss reasons for the recommended action and answer specific questions concerning the team report, institution's response, etc. Each committee Chair will then present the committee's reviewed institutions and recommend actions to the full Council. The full Council makes the final decision and may revise, amend, or reject the recommendation of the committee. Actions taken are consistent with those outlined in Chapter 3 of the *Accreditation Criteria*. These actions are communicated via the [Council Action Letters](#) process.



## CHAPTER 18: DEBARMENT

### **INTRODUCTION**

The Council may bar a person, including spouses and closely related family groups from being an owner or senior manager of an ACICS accredited institution if that person was an owner or manager of an institution that lost its accreditation as a result of a denial or suspension action or that closed without providing a teach-out or refunds to students matriculating at the time of the closure. Debarment actions are not common. (See *Accreditation Criteria* - Sections 2-3-900 and 2-2-401)

### **POLICY**

The Council will notify a person or persons for whom it has decided to issue an *Intent to Bar* to as the result of denial or suspension action within four months following the loss of the institution's accreditation. It will notify a person or persons whom it has decided to issue an intent to bar to as the result of the closing of an institution within a reasonable period of time following the closure, normally not more than six months following the closure of the institution. In each case, the Council will send an intent to bar notice by both e-mail and certified mail to the last institutional or personal mailing address known to the Council, unless the Council has received updated mailing information following the institution's closure or loss of accreditation. Individuals will be considered notified when the Council has received proof of receipt via e-mail or mail.

The Council retains final discretion to establish the terms and length of the debarment. The length of debarment will vary depending on the circumstances that lead to the debarment decision, but it typically will be for a period of at least one year and not more than ten years. Individual circumstances may justify a longer period of debarment.

A person or persons issued an intent to bar action by the Council may appeal this decision to the Council in accordance with such debarment appeals procedures as the Council may establish. The Council's decision is final if the person elects not to appeal. The Council's



decision is also final if the Council affirms its decision following an appeal, and no additional appeal rights are available under these procedures.

The standards regarding confidentiality and Appendix G provide additional information with respect to the debarment action.

## **PROCEDURE**

### **STEP ONE - NOTIFICATION**

Following Council action of intent to bar, a letter is sent to the person(s) against whom action has been taken notifying them of Council action within **four months** of the loss of the institution's accreditation or within a reasonable period of time following the closure of an institution, normally not more than **six months** following the closure. The appellant has an opportunity to appeal the decision.

### **STEP TWO – NOTICE OF APPEAL**

A person issued an intent to bar action by the Council may appeal the decision by submitting a notice of appeal to the Council within **ten (10) days** after receipt of the letter of notification of the intent to bar. If the person ("the appellant") requests a hearing, the request must be included in a notice of appeal. The staff liaison will respond to the appellant via letter on behalf of Council.

### **STEP THREE – APPOINTMENT OF HEARING PANEL**

The appeal proceeding shall be conducted by a three-member panel of commissioners ("the Panel") appointed by the Board Chair, who also shall designate one of the commissioners as Panel Chair. In the event that two or more debarments arise out of the same operative facts, the Panel Chair may consolidate all appeals in one proceeding. ACICS will establish deadlines for the submission of materials to be considered in the appeal. The staff liaison sends the schedule to the appellant.

*Review without Hearing.* If the Appellant does not request a hearing but wishes to submit an appeal in writing, the Panel, at the next regularly scheduled meeting of the Council, shall review the appeal based upon the written response and any supporting documentary evidence





and arguments submitted by the Appellant along with the notice of appeal. Staff prepares the documentary evidence submitted by appellant and includes the applicable policy outline and other items such as newspaper articles, correspondence, etc. The review materials are sent to each member of the panel and ACICS' attorney, as needed. The Panel's decision on the appeal shall then be reviewed by the Council for final action. The Appellant shall be notified of the Council's final action within thirty days, via letter.

#### **STEP FOUR - HEARING**

Hearing format and procedures are outlined in the Hearing Proceedings chapter of this document.

If requested in writing along with the notice of appeal, Appellant may have a hearing before the Panel. The Panel shall notify the Appellant of the date, time, and place for the hearing. In addition the Appellant will be notified and a schedule set for written submissions prior to the hearing by the Appellant and Legal Counsel for the Council, including any documentary evidence and arguments upon which the Appellant and the Council may rely. All such submissions must be received by the Council by the established deadlines. The following procedures will apply to the hearing:

- a. The Appellant shall have the burden of demonstrating why the debarment should be set aside or modified.
- b. The hearing will last no more than two hours, unless there are consolidated appeals, in which case the Panel Chair may set a longer time. The Appellant may be represented by counsel. The time for the hearing will be divided between the Appellant and the Council, Legal Counsel for which shall present documentary evidence and arguments in support of the Council's intent to bar action. Appellant may reserve time for rebuttal argument.
- c. The Panel's decision on the appeal shall be communicated to the Council for final action. Appellant shall be notified of the Council's action within thirty days.

Prior to the hearing, staff liaison prepares electronic binders of the documentary evidence submitted by appellant and includes the applicable policy outline and other items such as newspaper articles, correspondence, etc. The binders are sent to the each member of the panel, the ACICS attorney, the appellant and the appellant's attorney.





## **STEP FIVE – HEARING PANEL AUTHORITY**

The Panel shall have the authority to recommend:

- a. affirming the Council’s debarment decision; or
- b. setting aside the debarment decision if it finds that the decision was arbitrary or capricious or otherwise in substantial disregard of the *Accreditation Criteria*; or
- c. modifying the debarment decision based upon newly discovered material information, reversal of the grounds on which the debarment was based, elimination of grounds for the debarment, or any other material reason the Panel deems appropriate.

## **STEP SIX – FEES**

The Appellant shall bear the expense of the appeal hearing, including but not limited to the cost of the hearing room and transcript. A written appeal will have no cost but an in-person review (hearing) will include a \$5000 charge which must be remitted at the time of notification of the intent to appeal.



## CHAPTER 19: DISTANCE EDUCATION APPLICATION

### **INTRODUCTION**

Institutions are required to apply and receive approval from the Council before offering any courses and/or programs via a distance education mode of delivery. Introduction of distance education mode of instructional delivery is considered a substantive change and requires prior Council approval (*Accreditation Criteria* – Section 2-2-106 – **Initiation of Distance Education**).

### **PROCEDURES**

All institutions requesting to convert existing courses or programs to an online format for the first time at their institution must do the following:

#### **STEP ONE – SUBMISSION OF APPLICATION**

Institutions must log into their Member Center account to download and complete the application and required supplemental documentation. Institutions must remit the appropriate fee through their Member Center account using either a major credit card, or by submitting a check to the ACICS.

#### **STEP TWO– REVIEW OF APPLICATION**

Staff reviews the application(s) and verifies that the required information has been included; in particular, staff is verifying that each area outlined in Appendix H of the *Accreditation Criteria* has been adequately addressed. Council requires that the institution provide the following before online courses begin:

1. Faculty training and orientation
2. Student orientation
3. Description of plan to offer adequate interaction between students and faculty, student and student, and student and faculty.
4. Designation of a staff member who will coordinate online activities



5. Methods used to verify the identity of the student and publication of how the student's identity will be verified throughout the course and program.
6. Methods used to protect the students' privacy and disclosure of any fees associated with the verification process.
7. Online library or research resources are available to students for the courses offered.
8. Student services must be provided for programs taught 100% online.

### **STEP THREE– COMMUNICATION WITH SCHOOL**

Once the new distance education application is reviewed, **one** of four options is followed:

1. If the application submitted contains errors or is incomplete, an e-mail detailing areas of non-compliance is sent to the member institution and the application is held in the office of the respective reviewer for two weeks. If the requested information is not provided by the institution within two weeks, the application is withdrawn.
2. If the application is complete, meets the standards, and the institution has been previously approved to offer distance education, staff drafts a letter of approval which is emailed directly to the application preparer with a copy to the campus administrator. Distance Education is then added on the campus's "Accreditation" tab in the Personify system.
3. If the application is complete, meets the standards, and the institution has not been previously approved to offer distance education, staff drafts a letter of approval which denotes the requirement for a quality assurance monitoring visit, that is emailed directly to the application preparer with a copy to the campus administrator. A visit by an appropriate subject matter specialist is also scheduled. Distance Education is then added on the campus's "Accreditation" tab in the Personify system.
4. If the reviewed application constitutes a method of delivery outside of the scope of the institution's accreditation, the application must be presented to the [Executive Committee](#) for their review.

### **STEP FOUR – APPROVAL OF DISTANCE EDUCATION ACTIVITY**

After the institution has cleared any issues with regards to the application (if any), **and which must be done within two weeks following notice (or the application is withdrawn)** the institution will be approved to begin offering courses or program online. The approval letter will



state when the first progress report is due and the proposed date of the initial evaluation visit. Staff processing the application will make sure that all application and future visit dates are properly recorded.

#### **STEP FIVE – ON-SITE EVALUATION VISIT, EVALUATION REPORT, AND INSTITUTIONAL RESPONSE**

Distance Education Evaluation Visits are conducted approximately one year after the start of the first online courses. A staff member, with a distance education specialist, visits the institution to review the online activities. An evaluation report is written and sent to the institution consistent with the evaluation process.

Additionally, Distance Education activities are also reviewed during evaluation visits, i.e. renewal of accreditation or branch inclusion visits. All institutions are required to report distance education enrollment activities on the [Campus Accountability Report \(CAR\)](#) and incorporate its distance education activities into the Campus Effectiveness Plan (CEP).





## **CHAPTER 20: DOCUMENT RETENTION AND ARCHIVING**

### **INTRODUCTION**

As an integral part of ensuring the quality and integrity of institutions, ACICS requires the comprehensive and accurate retention and archival of all records and documents germane to the accreditation process. The agency requires all employees, volunteer evaluators and agents to contribute to a complete record of the institutions currently and formerly accredited by the agency.

To accomplish this retention and archival outcome, ACICS utilizes an electronic document management solution (SharePoint) to create an accurate and completely record of its activities as an accrediting entity. The electronic document management system allows for institutions to convey applications and other official requests to ACICS, and for those requests to become a permanent part of the institution record. Other elements of the institution records captured in this solution include team reports, institution responses to site visits, periodic review reports.

Records pertaining to previous accreditation cycles and files of closed institutions (that fall under the retention policy) are maintained in the electronic document management system as well. In addition, the ACICS electronic filing system contains all institutional actions taken by the Council, official minutes of each Council meetings, and other official correspondence between ACICS and other accreditors, state and federal regulatory authorities, and other official corporate documents.

### **POLICY**

ACICS requires that various types of records and documents shall be managed and retained for specific periods of time and that records and documents shall be destroyed on a specific schedule and in an appropriate manner. This policy is intended to guide that management and retention in a manner consistent with laws and sound accreditation practices. This policy applies to specified records of ACICS and requires the responsible implementation of the policy by staff.



## **PURPOSES**

The proper management of ACICS records will help to ensure that confidentiality is maintained when necessary or appropriate. The policy will ensure that records are retained during periods of time when they are likely to be needed and that records are systematically destroyed thereafter. The policy is not intended to apply to drafts and working papers of individual staff members, who are expected to exercise good judgment in managing them.

## **RECORDS COVERED BY THE POLICY**

This policy applies to records in all formats, whether paper or electronic. It applies to originals and copies, unless the copies are kept on hand for distribution. It does not apply to informal notes or materials that have little informational value, such as telephone call slips or routing messages.

## **RETENTION PERIODS AND DISPOSAL**

Any record that is relevant to pending or anticipated litigation or investigation or that relates to a claim or audit shall be retained at least through final resolution of that matter.

Records covered by this policy shall be retained for the period designated on the following chart. After that period, the records shall be destroyed by a method that preserves confidentiality, such as secure shredding of paper documents. Destruction of a record means that all copies of the record shall be destroyed, whether paper or electronic, but data related to the record shall not be destroyed.

## **PURPOSE**

The purpose of this Policy is to ensure that necessary records and documents are adequately protected and maintained and to ensure that records that are no longer needed by Accrediting Council for Independent Colleges and Schools (ACICS) or are of no value are discarded at the proper time. This Policy is also for the purpose of aiding employees and volunteers of ACICS in understanding their obligations in retaining and disposing all documents (electronic or otherwise) - including e-mail, Web files, text files, sound and movie files, PDF documents, and all Microsoft Office or other formatted files.



## **POLICY**

This Policy represents ACICS's policy regarding the retention and disposal of records and the retention and disposal of all documents (electronic or otherwise).

## **ADMINISTRATION**

Attached is the Record Retention Schedule that is approved as the initial maintenance, retention and disposal schedule for physical records of ACICS and the retention and disposal of electronic documents. The manager of Records Management (the "Administrator") is the officer in charge of the administration of this Policy and the implementation of processes and procedures to ensure that the Record Retention Schedule is followed. Before any records are disposed of, a member(s) of the executive staff will perform a review of the documents to ensure that all procedures were followed. The Administrator (with the President's approval) is also authorized to: make modifications to the Record Retention Schedule from time-to-time to ensure that it is in compliance with local, state and federal laws and includes the appropriate document and record categories for ACICS; monitor local, state and federal laws affecting record retention; annually review the record retention and disposal program; and monitor compliance with this Policy.

## **SUSPENSION OF RECORD DISPOSAL IN EVENT OF LITIGATION OR CLAIMS**

In the event ACICS is served with any subpoena or request for documents or any employee becomes aware of a governmental investigation or audit concerning ACICS or the commencement of any litigation against or concerning ACICS, such employee shall inform the President's office and any further disposal of documents shall be suspended until such time as the Administrator, with the advice of counsel, determines otherwise. The Administrator shall take such steps as is necessary to promptly inform all staff of any suspension in the further disposal of documents.

## **APPLICABILITY**

This Policy applies to all physical records generated in the course of ACICS's operation, including both original documents and reproductions. It also applies to the electronic documents described above.





This Policy was approved on 06/21/17.

## RECORD RETENTION SCHEDULE

Type of Document	Type of Document	Minimum Requirement
School File Records*	Application for Initial or Renewal of Accreditation	6 years** or until final action is taken by Council (whatever comes later)
School File Records*	Self-Evaluation Report	6 years** or until final action is taken by Council
School File Records*	Team Summary Reports	6 years** or until final action is taken by Council
School File Records*	On-site Evaluation Records (active/inactive)	6 years** or until final action is taken by Council
School File Records*	Council Action Letters – All (active/inactive)	Permanently
School File Records*	Council Approval letters - Substantive Change	Permanently
School File Records*	Non-Substantive Change Applications	6 years** or until final action is taken by Council
School File Records*	Waiver Requests and Council Action	6 years** or until final action is taken by Council
School File Records*	Correspondence that has a Bearing on an Accreditation Action (active/inactive)	Permanently
School File Records*	Financial Statements	6 years** or until final action is taken by Council
School File Records*	Complaints filed in Accordance with the ACICS Rules	6 years** or until final action is taken by Council
School File Records*	Inactive School Files	1 year
Notes and Working Files	On-Site Evaluation Notes and Working Papers – Staff and Volunteers	To be Discarded after Council Action





Notes and Working Files	Council Meeting Notes and Working Papers	Commissioners – To be Discarded After Council Action is Ratified. Staff – May be discarded when the complete School Action Letter(s) is sent
Notes and Working Files	Orange sheets	To be Discarded After Commission Action is Ratified or in the case of an adverse finding until outcome is final.
Notes and Working Files	Institutional Compliance Summary for Adverse Actions	Maintained Until Council Action Letter Sent to School
General Corporate Records	Articles of Incorporation and Amendments	Permanently
General Corporate Records	Bylaws	Permanently
General Corporate Records	Recognition Petitions	Permanently
General Corporate Records	Standards of Accreditation	Permanently
General Corporate Records	Call for Comments	Permanently
General Corporate Records	Accreditation Alerts	Permanently
General Corporate Records	Final Commission Meeting Minutes	Permanently
General Corporate Records	Membership Ballots	Maintained 90 days following the applicable vote
General Corporate Records	Deeds, mortgages, lease and bills of sale	Permanently
General Corporate Records	Trademark and Copyright Registrations	Permanently
General Corporate Records	Insurance Policies	Maintained for the Life of the Policy + 3 years



General Corporate Records	Correspondence (general)	90 days
General Corporate Records	Depreciation schedules	Permanently
Accounting, Finance and Tax Records	Income Tax Returns and Filings	7 years
Accounting, Finance and Tax Records	Audit Reports of Accounts	Permanently
Accounting, Finance and Tax Records	Insurance records, current accident reports, claims, policies, and so on (active and expired)	Permanently
Accounting, Finance and Tax Records	Accounts Receivable Records	7 years
Accounting, Finance and Tax Records	General Ledger Records	7 years
Accounting, Finance and Tax Records	Bank Records (i.e. statements, reconciliations, canceled checks)	7 years
Accounting, Finance and Tax Records	Schedules, Ledgers and Other Supporting Documentation for Financial Statements and Tax Forms	7 years
Accounting, Finance and Tax Records	Accounts payable ledgers and schedules	7 years
Accounting, Finance and Tax Records	Contracts, mortgages, notes, and leases (expired)	7 years
Accounting, Finance and Tax Records	Expense analyses/expense distribution schedules	7 years





Accounting, Finance and Tax Records	Year-end financial statements	Permanently
Accounting, Finance and Tax Records	Invoices (to customers, from vendors)	7 years
Accounting, Finance and Tax Records	Payroll records and summaries	7 years
Accounting, Finance and Tax Records	Checks (for important payments and purchases)	Permanently
Accounting, Finance and Tax Records	Internal audit reports	3 years
Accounting, Finance and Tax Records	Contracts (still in effect)	Contract period + 5 years
Accounting, Finance and Tax Records	Withholding tax statements	7 years
Personnel Records and Payroll Documents	Employee Handbook	Maintained Permanently
Personnel Records and Payroll Documents	Employee Personnel Records (i.e. resume/application; evaluations; attendance records; compensation; exit information)	Maintained While Active + 3 years
Personnel Records and Payroll Documents	Employment Agreements and Independent Contractor Agreements	Maintained While Active + 3 years
Personnel Records and Payroll Documents	Employment Earnings and Payroll Records	Maintained While Active + 3 years
Personnel Records and Payroll Documents	Employee Insurance Records	Maintained While Active + 3 years



Personnel Records and Payroll Documents	I-9 Forms	Maintained While Active + 3 years
Personnel Records and Payroll Documents	Job Postings, Advertisements, Non-Employee Applications and Documents Pertaining to Employees Not Hired	1 year for hiring decision
Personnel Records and Payroll Documents	Discrimination or Harassment Complaints	while active + 3 years
Personnel Records and Payroll Documents	Retirement and pension records	Permanently
E-Mail and Other Correspondence / Records	Correspondence (general)	90 days
E-Mail and Other Correspondence / Records	Correspondence (legal)	Permanently
E-Mail and Other Correspondence / Records	Correspondence (with vendors)	3 years
Digital Storage Media and Other Electronic Information	Employee hard drives and storage media	60 days after termination
Digital Storage Media and Other Electronic Information	Network hard drives	90 days from cessation of use; 5 years if programs contained thereon are no longer used
Digital Storage Media and Other Electronic Information	Voicemail records (stored electronically)	Hosted vendor maintained per their TOS
Digital Storage Media and Other Electronic Information	Monthly System Back-Ups	1 year





Digital Storage Media and Other Electronic Information	Active Computer Inventory List	Permanently
Digital Storage Media and Other Electronic Information	Web site (archive version and current version)	2 year
Digital Storage Media and Other Electronic Information	Financial System Back-Ups	7 years of yearly backups



## **CHAPTER 21: EDUCATION ENHANCEMENT AND EVALUATION COMMITTEE**

### **INTRODUCTION**

The mission of the Education Enhancement and Evaluation Committee (EEE) is to establish standards for educational quality that assist institutions in mission fulfillment, program planning and development, institutional evaluation activities, and successful educational outcomes (*Accreditation Criteria – Article V Committees, Section 1(c) Education Enhancement and Evaluation Committee*).

### **PROCEDURE**

The objectives of the EEE committee are to:

- Review and establish accreditation standards, policies, and procedures related to initiation and evaluation of new programs, changes to programs, and termination of programs.
- Review and establish accreditation standards related to instruction, faculty, and library resources and services.
- Review current and emerging market trends and industry standards when considering changes to existing accreditation standards related to education, programs, and activities.
- Provide publications, workshops, and other services to ACICS member institutions that assist them with accreditation issues and improve educational processes and outcomes.
- Continuously review and assess evaluation visit procedures and provide training to ensure integrity in the accreditation process.

Two Council staff members will serve as liaisons to the Committee to support meeting its objectives. The primary liaison's responsibilities include interacting with the Committee Chair, facilitating the items for discussion and the Committee's consideration, and ensuring that all policy changes and institutional reviews are ready for the Committee. The secondary liaison



serves as the Committee scribe, preparing the meeting agenda, recording minutes, and ensuring that the final minutes have been reviewed by the primary liaison and approved by the Chair prior to the full Council's discussion and acceptance. The secondary liaison is also responsible for ensuring that the final draft minutes and any materials handed out during the meeting are stored in the ACICS Intranet.

In preparation for the meeting, the draft agenda, policy outlines, reports, and supporting documents on ACICS' intranet: [Council](#) > [Documents](#) > [POLICY](#) > EEE (appropriate year and meeting folder). Upon completion of the meeting and once the minutes have been drafted, they should be saved on the intranet: [Council](#) > [Documents](#) > [MEETING](#) > [MINUTES](#) (appropriate year and folder).



## **CHAPTER 22: EXECUTIVE COMMITTEE**

### **INTRODUCTION**

As a standing committee of the Board of Directors, the Executive Committee (EC) has the authority to act on behalf of the Board and/or Council during the periods between the meetings. Its responsibilities include acting on issues requiring timely attention apart from the scheduled Board/Council meetings. The EC

### **PROCEDURES**

As determined by the Chair and the President, the EC will meet at least once a month, at a predetermined date, to consider any substantive changes requiring attention as well as other accreditation and ACICS-operational matters. The agenda for these meetings will be drafted by the President and any materials supporting the discussion items will be forwarded to the EC within a week of the meeting for the members' review and preparation. Minutes of the meeting will be taken by the President and accepted by the Committee Secretary for final approval and distribution.

While the EC has the authority to act on behalf of the Council, it will not take any final adverse action against an institution, an individual, or any entity. Instead, these actions will be deliberated upon by the full Council at its next meeting.





## **CHAPTER 23: EXTENSIVE SUBSTANTIVE CHANGES**

### **INTRODUCTION**

Extensive substantive change is defined as any substantive change to the educational mission, program, or programs of an institution that results in an institution that is significantly different from that which was last reviewed by the Council. The Council's concern, in reviewing and monitoring these changes, is that the institution does not adversely affect the capacity of the institution to continue to meet the agency's standards. (*Accreditation Criteria* - Section 2-2-102)

### **PROCEDURES**

ACICS staff reviews all substantive changes made by member institutions. This review is conducted using a scale of 1-5 on any substantive change that has been made since its last renewal of accreditation visit and a cumulative score is calculated for all substantive changes. As appropriate, and based on staff's monitoring of changes at institutions, the Executive Committee will review the Substantive Change Matrix with recommended actions for member institutions that have made extensive substantive changes based on the cumulative score. A copy of this matrix, along with communication templates and the rubric, can be found in Share Point in the Substantive Change folder. The scores and corresponding recommended actions are as follows:

1. Total Points < 6 = No action
2. Total Points of 6 or 7 – Monitoring Status: the institution is advised of the process, its score, and being placed on monitoring.
3. Total points of 8 or 9 – Reporting Status: the institution is advised of its scoring and directed to prepare a written response concerning the changes it has made, the rationale for the changes, and the resources in place to manage them. This response would be reviewed by the Council at its next meeting for follow up and subsequent action.
4. Total points > 10 – Comprehensive On-site Evaluation Visit: Via formal communication, the institution is advised that its extensive substantive change as raised questions about the



institution it has become since its last renewal of accreditation visit, requiring a comprehensive visit to evaluate the institution's financial, administrative, and operational capabilities. The comprehensive on-site evaluation team consists of ACICS staff, a Chair, a Student Relations specialist and a subject specialist for all programs offered by the institution. A full team report is drafted to detail information reviewed during the visit and is reviewed by the Council as outlined in the [Council Institutional File Review](#) chapter.

The Committee has the discretion to act on staff recommendations or take other actions that it deems appropriate for each institution. Any institution that initiates any substantive change without proper application and approval from ACICS will immediately be issued a Show Cause Directive by the Council. Additionally, the Executive Committee considers an institution's cumulative substantive change score when reviewing any request to expand an institution's scope of accreditation, which may be denied if the Executive Committee determines that too many substantive changes have been made by the institution.



## **CHAPTER 24: FINANCIAL REPORTING**

### **INTRODUCTION**

Every institution that is accredited by ACICS must submit an Annual Financial Report (AFR) to the ACICS office within 180 days following the end of the fiscal year as defined in Section 2-1-802 of the Accreditation Criteria. These financial statements will be accompanied by audited financial reports prepared and certified by an independent certified public accountant (Section 2-1-803).

Because most ACICS accredited institutions participate in the Title IV financial aid program, and one of the requirements for continued participation is the completion of an annual audit, the Council receives a number of audits each year. Those institutions that do not participate in this program or do not prepare an audit for any reason over the course of a year are not required to submit anything other than an AFR. However, those schools that do not prepare audits on an annual basis must submit audited financial statements for their most recently completed fiscal year with any application for a new or initial grant of accreditation.

The institutions must submit this information in a timely manner. Failure to submit the information to the Council within the required timeframe could result in a delay in the calculation of sustaining fees. If an institution is late, staff writes the chief on-site administrator a letter serving as a reminder that Section 2-3-401(c) of the Accreditation Criteria indicates that revocation of an institution's grant of accreditation will occur if an "institution fails to file an annual report as required by the Council." A revocation action is not appealable and any institution that desires to renew its grant of accreditation must begin the process again as an initial applicant. In addition to the revocation reminder, a \$500 late fee invoice accompanies the notice of late filing. Failure to pay this fee may also result in revocation. (*Accreditation Criteria, Sections 2-1-802, 2-1-803, and 2-3-401*)

### **PROCEDURES**

#### **FINANCIAL REVIEW**





All audits and AFRs are placed in the Financial Review Committee (FRC) staff liaison's mailbox when they arrive. The staff liaison for the FRC is the **senior coordinator** for institutional finance. These statements are reviewed by the senior coordinator to determine if any of the financial information triggers indicators established by the FRC. If the financial position of the institution triggers an indicator, a financial review file is created and the institution is placed on the "New Business Agenda" for the next Council meeting. The AFR is uploaded by the institution and stored electronically and audit statements are filed in the Electronic Document Management (EDM) system. The institution also is notified by letter that they have been placed on the "New Business Agenda" for the next meeting and are permitted to submit supplemental information to demonstrate an improved financial position since the end of the fiscal year or because extenuating circumstances impacted the statements. When reviewing the income statement of the AFR, only the main campus' income statement (if the institution has more than one campus) is used to determine financial stability (not the first corporate level). Individual income statements also are required to determine sustaining fees, but only the combined statements are used for FRC purposes.

The notes that accompany audited financial statements also are reviewed to explain any unusual information in the statements and determine if any other activity warrants the Council's attention. Examples of such transactions include the purchase or sale of the institution's stock, extensive inter-company loans or financial support, or unusually high accounts receivable in relation to revenue. Occasionally, the auditor also performs an analysis of the institution's compliance with Title IV regulations relating to financial stability and refund procedures. If the auditor has significant concerns in either of these areas, the statement may be treated as adverse information and processed like any other complaint or concern submitted by a third party. Those institutions whose financial statements do raise concerns are filed in the EDM.

#### **QUARTERLY FINANCIAL REPORTS AND FINANCIAL IMPROVEMENT PLANS**

Quarterly Financial Reports (QFR) and Financial Improvement Plans (FIP) are handled in a similar manner to the AFR. All QFRs and FIPs are placed in the mailbox of the FRC liaison. He or she will then log the responses in, usually on the minutes from the last meeting. The reports are then filed in the FRC file. It is essential that the FRC reports are filed in a timely manner to ensure that the committee will be able to review them at the next Council meeting.





## SUSTAINING FEES

In addition to reviewing financial statements to determine the financial stability of the institution, the Council reviews these statements to calculate sustaining fees. An institution's sustaining fee is calculated based on the total amount of educational revenue they report in their campus- specific AFR for the fiscal year. A spreadsheet, located at M:\QUALITY ENHANCEMENT\ANNUALFINANCIALREPORTS\2010 AFR TRACKING lists each school ACICS accredits by fiscal year end and includes the amount of total educational revenue reported by each institution in the AFR. In the next phase of the internal tracking process, financial statements are reviewed and the revenue amount on the income statement is entered on this spreadsheet in order to verify the AFR's accuracy. If the AFR is not accurate, a school will be asked to review and revise it. Lastly, a column in the spreadsheet indicates the status of the audited financial statements' upload into the EDM.



## **CHAPTER 25: FINANCIAL REVIEW COMMITTEE**

### **INTRODUCTION**

The mission of the Financial Review Committee (“FRC”) is to monitor the financial stability of accredited institutions in order to ensure they maintain sufficient financial resources to deliver quality education to their students. The Committee accomplishes its mission through the attainment of the following objectives:

- To continuously review and assess the FRC action indicators to verify that the Committee’s standards appropriately monitor the financial stability of accredited institutions.
- To review requests from institutions for waivers of the Council’s standards or the modification of existing criteria.
- To review and evaluate Change of Ownership Applications for the purpose of monitoring the ownership transactions of accredited institutions and understand the potential impacts of those transactions prior to approving the change of ownership.

*Accreditation Criteria – Article V Committees, Section 1(d) Financial Review Committee.*

### **PROCEDURE**

An institution is placed on financial review if it has been required to submit either Quarterly Financial Reports, a Financial Improvement Plan, or if it has been directed to Show Cause why its grant of accreditation should not be suspended for failure to demonstrate financial stability. Once an institution is placed on financial review, there are specific criteria that must be met before the institution can be removed from review.

All financial statement information that is forwarded to FRC is reviewed and a determination is made to apply one of the following options:

- a. take no action or make specific inquiries for additional information;
- b. require the institution to submit Quarterly Financial Reports;
- c. require the preparation of a Financial Improvement Plan; or



- d. direct the institution to Show Cause why its grant of accreditation should not be withdrawn by way of suspension for failure to evidence financial stability.

NOTE: An institution may be deemed financially stable should it evidence a US Department of Education financial ratio composite score of a minimum 1.5:1. This score will be accepted from an audited financial statement prepared by an independent CPA firm.

## **LEVELS OF FINANCIAL REVIEW**

### ***Quarterly Financial Reporting***

Institutions that are on quarterly financial reporting must submit Quarterly Financial Reports (QFR) as provided by ACICS within 30 days after the close of each fiscal quarter and an Annual Financial Report (AFR) as provided by ACICS no more than 180 days after the close of the institution's fiscal year. These reports are produced on a year-to-date basis.

As an example, assume that ABC College's fiscal year ends on December 31, 20xx and it has been placed on quarterly reporting. The institution must adhere to the following deadlines:

- QFR #1: 3 months ending March 31, 20xx, by April 30, 20xx
- QFR #2: 6 months ending June 30, 20xx, by July 30, 20xx
- QFR #3: 9 months ending September 30, 20xx, by October 30, 20xx
- QFR #4: 12 months ending December 31, 20xx, by January 30, 20xx
- AFR: 12 months ending December 31, 20xx, by June 30, 20xx

Removal from QFR requires an audit that demonstrates financial stability. If the institution's financial situation worsens, it may be moved to a higher level of financial scrutiny.

### ***Financial Improvement Plan***

Institutions placed on a Financial Improvement Plan (FIP) must produce Financial Improvement worksheets on a quarterly basis, adhering to the same deadlines as QFR, for at least twelve consecutive months. Following the end of the next fiscal year, the AFR is submitted by the institution and reviewed by the Financial Analyst, who presents the information to the FRC at the next Council meeting. At that time, the FRC determines whether a new plan is necessary, whether a different level of financial review is appropriate, or if the institution can be removed from financial review altogether. If an institution's financial situation worsens, it may receive a show-cause directive.





### ***Financial Show Cause***

If an institution's financial condition is seriously weakened, or if the institution has failed to respond to requests from the FRC for information, the institution may be directed to Show Cause why its grant of accreditation should not be suspended. When a Show-Cause directive is issued, the Council requires specific information about the institution's plans for resolving the financial instability and about the institution's ability to carry out those plans. Institutions that have been issued Financial Show-Cause directives may also be directed to produce a QFR and FIP for the most recent fiscal quarter, as well as a teach-out plan. The institution must also submit the most recently completed financial aid audit and a description of any actual or projected limitation on its ability to continue to participate in Title IV programs.

An institution placed on show-cause is not permitted to initiate new programs or to take any other substantive action without receiving approval in advance from the Council. The institution also is required to notify all present and prospective students of its show-cause status.

### ***Continued Financial Show Cause***

Once a financial show-cause directive has been issued, it is not unusual for the directive to be continued over the course of several FRC meetings. In such a case, the institution is required to submit compiled quarterly year-to-date financial reports for the most recently completed fiscal quarter and to update the information previously submitted to the FRC.

When an institution demonstrates significant financial improvement to the point where it appears that the institution's survival is not in jeopardy, the Show-Cause directive can be vacated. The institution remains on financial review at either the QFR or FIP level until it has demonstrated that it is once again financially stable.

### ***Bankruptcy***

*Note: Institutions filing for Chapter 11 after July 23, 1992, are not considered "Institutions of Higher Education" for purposes of Title IV and immediately lose their eligibility to participate in Title IV programs.*

Any institution that files for bankruptcy is issued a financial show-cause directive automatically, and the show-cause directive remains in effect until a confirmed bankruptcy plan





is in place and the institution demonstrates fiscal stability. All institutions in Chapter 11 must submit QFRs and FIPs on a quarterly basis.

### ***Suspension***

The FRC has adopted a policy that an institution under a Show-Cause directive for financial instability reasons may have its accreditation suspended by the Council unless all of the following requirements are satisfied:

1. Current educational and administrative operations are not adversely affected;
2. Significant actions have been taken to reduce costs without impacting educational and administrative operations;
3. A detailed teach-out plan has been developed and is ready for immediate implementation, if necessary;
4. Requests for financial information from the Council have been responded to in a timely and satisfactory manner; and
5. The institution's financial condition (current ratio, net profit or loss, equity) is improving.

When these conditions have not been met, the Council determines whether the institution's grant of accreditation should be suspended. A suspension action is appealable to the Review Board.

Two Council staff members will serve as liaisons to the Committee to support meeting its objectives. The primary liaison's responsibilities include interacting with the Committee Chair, facilitating the items for discussion and the Committee's consideration, and ensuring that all policy changes and institutional reviews are ready for the Committee. The secondary liaison serves as the Committee scribe, preparing the meeting agenda, recording minutes, and ensuring that the final minutes have been reviewed by the primary liaison and approved by the Chair prior to the full Council's discussion and acceptance. The secondary liaison is also responsible for ensuring that the final draft minutes and any materials handed out during the meeting are stored in the ACICS Intranet.



In preparation for the meeting, the draft agenda, policy outlines, reports, and supporting documents are saved here in the intranet: [Council](#) > [Documents](#) > [POLICY](#) > [FRC](#) (appropriate year and meeting folder).

Upon completion of the meeting and once the minutes have been drafted, they should be saved here: [Council](#) > [Documents](#) > [MEETING](#) > [MINUTES](#) (appropriate year and folder).

## **Addendum 1**

### **FINANCIAL REVIEW COMMITTEE ACTION INDICATORS**

The Financial Analyst reviews all Annual Financial Reports (AFR) for the following action indicators:

- a. a net loss of more than 5.0%
- b. a current ratio of less than 1:1
- c. accumulated deficit\*
- d. negative equity/net assets

**\*Note:** The FRC does not consider accumulated deficit to be an action indicator unless the institution is also unprofitable.

If a financial report contains any action indicator, it is placed on the FRC New Business agenda of the next Council meeting. The Financial Analyst also reviews financial statements for any unusual or unacceptable reporting practices and includes this information on the next FRC agenda.

The Financial Analyst prepares spreadsheets which include all institutions on quarterly reporting for the FRC to review. The spreadsheets are sorted by category of review; utilizing the Point System (see below), each institution is reported with its point values, along with the corresponding recommendations. This process eliminates much of the subjectivity that could enter into an evaluation of financial statements and places institutions that are between two levels of recommended action in the “seam” for additional consideration. The goal of the Point System is to ensure consistent evaluation of the financial statements of accredited institutions and to manage the FRC’s time efficiently.

### **FRC POINT SYSTEM**



The FRC utilizes a point system based on the action indicators to assess financial health.

The point system is as follows:

**LOSS**

< 5% .....	0
> 5% but less than 20% .....	1
> 20% but less than 50% .....	3
> 50% .....	6*

**CURRENT RATIO**

> 1.00:1 .....	0
> 0.80:1 but less than 1:1 .....	1
> 0.50:1 but less than 0.80:1 .....	3
< 0.50:1 .....	6*

**RETAINED EARNINGS\*\***

Positive .....	0
Negative .....	1

**EQUITY AS A PERCENTAGE OF TOTAL ASSETS**

Positive .....	0
Negative < 25% .....	3
Negative > 25% .....	6*

*\*NOTE: An institution exhibiting a six-point action indicator in any category may be issued a show-cause directive even if its cumulative points do not reach the show-cause level as outlined below.*

*\*\*NOTE: An institution that has an accumulated deficit but that shows a profit for the period in question and has no other action indicators will be considered to have 0 points.*

Once the point values have been assigned, the action recommended to the FRC is determined as follows based on the point totals:

0	points: .....	No Action
1	points: .....	FRC to decide - can be QFR or No Action
2-3	points: .....	Quarterly Financial Reporting
4	points: .....	FRC to decide - can be QFR or FIP
5-6	points: .....	Financial Improvement Plan
7-8	points: .....	FRC to decide - can be FIP or show cause
9+	points: .....	Financial Show Cause





## CHAPTER 26: HEARING PROCEEDINGS

### **INTRODUCTION**

An institution which has been directed to show cause why its current grant of accreditation should not be suspended, revoked, or otherwise conditioned, must be specifically requested by the Council to do so **in person (a hearing)**. A show-cause directive is a conditioning action and may be issued for a number of reasons including student achievement review, external information, and weak or deteriorating financial condition, to name a few (*Accreditation Criteria* – Sections 2-1-808, 2-3-230, 2-3-502, and Appendix L). An individual who has been issued an *Intent to Bar* Notice may choose to appeal this Intent in person (*Accreditation Criteria* – Section 2-3-900). Further, following denial of accreditation and withdrawal of suspension actions, institutions are entitled to a hearing by a panel of the Review Board of Appeals (*Accreditation Criteria* - Sections 2-3-301 and 2-3-302).

All pertinent Hearing documents for the staff and Council review and orientation are maintained in the Commissioner Portal for easy access and reference.

### **RELEVANT ROLES**

#### ***Presiding Commissioner***

A presiding commissioner (or “presider”) will be appointed to handle procedural aspects of the hearing. The presider will call the hearing to order, identify the issues in controversy, and review the appropriate procedures concerning the hearing. The presider also will call upon the commissioners for questions. The presider will keep track of the time to ensure that the allotted time is not exceeded, will adjourn the hearing at the appropriate time, and will maintain decorum throughout the hearing. The presider is an equal member of the hearing panel and, thus, may take part in the questioning process and will participate in the vote.

#### ***Primary Reviewer***

The prime reviewer is responsible for presenting to the panel the institution's reasons for appearing before the Council. The prime reviewer should be most familiar with the institution's files





and should be prepared to review thoroughly all submissions made by the institution and to ask appropriate questions to clarify the issues. Assigned staff is responsible for contacting the prime reviewer prior to the hearing so that the specifics of the case may be discussed. At the conclusion of the hearing, the prime reviewer is charged with determining the consensus of the panel and developing an appropriate recommendation to the Council from the panel.

Summary of prime reviewer responsibilities:

- Assign sections of hearing file to other panel members for in-depth review and question development prior to the hearing.
- Coordinate, with staff, hearing review panel meetings prior to hearing for the purpose of full review and discussion of the case.
  - Initiate questioning at hearing.
  - Take notes, as necessary, regarding the institution's response.
  - Lead discussion with panel members of options available to Council following hearing.

### ***Panel Members***

All commissioners on a panel are considered panel members, although the prime reviewer and presider have additional duties. Panel members should ask questions developed prior to the hearing based on their assigned areas, should be attentive to the institution's presentation, and should be prepared to ask questions, as pertinent, based on the institution's presentation or responses to questions. As in the review of institutions, a commissioner having any interest in an institution appearing before the Council or who for other reasons feels it would not be proper to participate on a particular panel will be excused from the hearing. In most cases, conflicts will be made known to staff following distribution of hearing assignments, and exclusion from the panel will be arranged well in advance of the hearing.

Summary of panel member's responsibilities:

- Review entire hearing file, concentrating on assigned areas if assignments have been made.
- Prepare questions based on individual review of hearing file.
- Ask questions and make clarifying comments during hearing.
- Take notes, as necessary, regarding the institution's responses.



### ***General Counsel***

The General Counsel reviews all hearing files prior to the Council meeting and is present during all personal appearance hearings. The General Counsel serves as a legal resource and assists in resolving technical questions concerning procedures, the appropriateness of questions, and the recommended action. The General Counsel may ask pertinent legal and procedural questions during a show-cause hearing.

However, General Counsel represents the Council during a Review Board of Appeal Hearing (hence the Counsel's involvement in show-cause reviews in the event of a negative action that goes to the Review Board).

### ***Accounting Consultant***

The accounting consultant attends Council meetings, as needed, and serves as a financial resource person for financial show-cause hearings and for other hearings in which financial concerns exist. The accounting consultant reviews hearing files in advance of the Council meeting and usually prepares specific financial questions based on this review. The accounting consultant is present during hearing with financial issues and participates in the questioning.

### ***Hearing Staff Liaison***

One staff member normally is responsible for the development of each hearing file, with one senior staff member responsible for general hearing assignments and procedures. The staff member assigned to develop the hearing file is the primary resource to the panel members for the institution in question. All questions relative to the institution, including current status and background, should be directed to the assigned staff member. Staff does not take an active role in hearings, although the assigned staff member responsible for the hearing and other staff are present and available to assist throughout the hearing. Staff is responsible for reviewing the institution's response and assisting panel members in the development of questions, as needed.

## **PROCEDURES**

The procedures for each type of hearing are outlined below accordingly.

### **SHOW-CAUSE DIRECTIVE OR INTENT TO BAR APPEAL**

Once the appropriate hearing fee, as outlined in the *Schedule of Fees*, has been received along with the intent to appeal notification, the hearing is scheduled and the designated staff



member works with leadership on the Panel assignment (with at least three commissioners) and hearing scheduling.

The fee and notification may be received electronically and staff would work with the accounting department to get the invoice created so that the payment can be remitted via the institution's/individual's ACICS account.

The institution, individual(s), or entity is advised via formal communication concerning the scheduled proceedings at the Council's office (see appropriate templates and documents (Stipulations) on SharePoint). Additionally, two to four weeks prior to a scheduled hearing, a court reporter is scheduled to appear at the date, time, and location of the hearing. During the week prior to the hearing, staff will verify the court reporter's scheduled appearance at the hearing. At the hearing the court reporter is presented with a cover sheet identifying by name: ACICS, the institution, the hearing panel members, and staff members present during the hearing. The court reporting firm will provide an original and one electronic copy of the transcript. When received, the original transcript is placed in the institution's file. *Intent to Bar* hearing transcripts are stored in the Electronic Database Management system appropriately.

An assigned staff person is responsible for escorting the representatives into the hearing room when the panel members are ready to begin the hearing and escorting them out at the conclusion of the hearing.

The assigned hearing staff liaison has the following responsibilities:

- Communicate with the panel, via email, about the upcoming hearing assignment.
- Prepare institutional materials for the electronic hearing binder. This binder must be in the Commissioner Portal for the Panel's review, at least a week before the scheduled hearing. One hard-copy binder will be available to the Panel during the hearing. The institutional file must include as materials pertinent to the case as well as an Institutional Summary Form with institutional history, accreditation history, and student achievement outcomes. In cases of an *Intent to Bar* Appeal hearing, the background for the action, the intent notice, and the individual's or entity's response are included in the binder.
- Communicate with Primary Reviewer on the substance of the case, recommend questions, and assist with panel assignments and questions.





- Serve as resource throughout hearing process, taking notes during the post-hearing brief to help draft the action letter.
- Ensure presider has appropriate script and court reporter has all necessary information.
- Coordinate room set-up (name tags, appropriate number of chairs, fresh water and glasses, copies of *Accreditation Criteria*, hearing files, and school files).
- Collect exhibits offered to the panel members from the institution's representatives during the hearing. File exhibits in the institution's record after the hearing.

### ***During the Hearing***

- The hearing is transcribed by a court reporter. This recorded information is the official transcript of the hearing and is available to the institution at its request.
- The presider opens the hearing.
- Should the institution have an opening statement, that statement is required to be put in writing and included with the response to the Council action letter, otherwise known as the hearing submission. Therefore, a verbal opening statement usually is not permitted.
- The prime reviewer usually begins the questioning.
- Each panel member has an opportunity to ask questions and is expected to do so.
- The presider calls time remaining throughout the hearing, calls on commissioners. General Counsel, and consultants, if any, to ask questions, asks the institution for a closing statement, and closes the hearing with a procedural summary.
- Observers (staff and commissioners) cannot leave the room or participate in any manner.

### ***Post Hearing***

- The hearing panel remains in the meeting room following the hearing to discuss options available and to reach consensus on the recommended action.
- The prime reviewer drafts the motion with assistance from staff and General Counsel. Templates for motion letters are found in the Commissioner Portal.

The recommended action is discussed by the full Council for final consideration and action. The action letter is prepared consistent with the process previously outlined.

## **REVIEW BOARD OF APPEALS HEARING**





The Panel of at least four members, serving on behalf the Board must include a member, a public, an academic, and an administrative representative. The members will be requested to serve based on their background and availability for that particular review.

### ***Prior to Hearing***

- The ***Record Under Review*** is prepared by the assigned staff and includes relevant documentation such as the Council's action letter(s), team reports, and institutional responses. This electronic file is sent to panel members approximately four weeks prior to the hearing. The institution's brief, if any, and the Council's brief, composed with its general counsel, will also be sent to the panel at least 15 and 7 business days prior to the Review Board hearing.
- The Panel must sign the *Review Board Attestation Form* and *Review Board Standard of Ethical Responsibility* form prior to the review.
- Panel members must review all documents, and prepare questions to be asked of the institution and the Council for clarification and consideration and to establish facts.
- A designated staff person meets with the representatives of the institution immediately prior to the start of the hearing to briefly discuss logistics, and answer procedural questions, and will also refresh the Review Board of Appeals panel on Review Board hearing procedures and expectations.

### ***During the Hearing***

- The hearing is transcribed by a court reporter. This recorded information is the official transcript of the hearing and is available to the institution, at its request.
- The chair opens the hearing and conducts the hearing in a formal manner.
- Each panel member has an opportunity to ask questions of both the institution and the Council.
- The chair calls time remaining throughout the hearing, calls on panel members/General Counsel/consultants to ask questions, asks the institution for a closing statement, if desired, and closes the hearing.
- The chair is to use the Review Board Chair script to guide the hearing, and the script contains a further structure for the proceedings.



### ***Following the Hearing***

- The Review Board panel remains in the meeting room following the hearing to discuss options available and to determine the majority consensus regarding the decision to be rendered, whether it to be affirm the decision or amend, reverse, or remand the case to the Council due its determination that the decision was arbitrary, capricious, in substantial disregard of the *Criteria*, or not supported by substantial evidence in the record.
- The panel will work with the designated staff member to issue its final decision, identifying those panel members who concur in the decision, to the Council and to the institution. The decision must be signed off on by all members, from which an official letter will be crafted for communication. Dissenting opinions may also be filed.
- If the Review Board:
  - Affirms the decision – effective immediately and the final letter is sent to the institution with no action needed from the Council
  - Amend, Reverse or Remand – decision is sent back to the Council for its consideration, implementation, and further action. The full Council may meet between meetings to consider this decision and take an action based on the recommendation. The Council’s action would then be communicated to the institution.
- The transcript of the hearing is placed in the institution’s file, once it is received from the court reporting agency. If a copy is requested by the institution, a fee may be assessed.



## **CHAPTER 27: INDEPENDENT CONTRACTORS & CONSULTANTS**

### **INTRODUCTION**

ACICS may utilize, as it deems necessary, the services of contractors and consultants to conduct a variety of services on the behalf of the Agency. These include, but are not limited to, visit coordination, financial review, evaluator coordination, program analysts, and accounting services. When external services are needed to supplement internal resources, individuals with the necessary background and experience will be considered for the establishment of a contract.

### **PROCEDURES**

Once the individual, who meets the specified academic and experiential criteria, has been identified, a contract will be drafted for their consideration which includes conflict of interest disclaimers, payment, term of service, and use of ACICS resources. The appropriate vice president will serve as the primary contact with the contractor/consultant but the contract will be executed by the President.

Upon execution, all relevant HR paperwork is secured including completed W2, and direct deposit information. In those instances where the contractor will need access to ACICS systems and will be using ACICS credit cards, the appropriate applications are completed for approval (contract coordinators).

Training of the contractors will be facilitated by the designated vice president or their representative and may be completed via telephone, video conference, or in-person. Depending on the term of the contract, there will be regular oversight and review of the completion of the tasks outlined in the contract.





## **CHAPTER 28: INITIAL APPLICANTS SEEKING ACICS ACCREDITATION**

*ACICS has suspended its acceptance and review of applications for initial accreditation until further notice. Once reinitiated, a thorough review of the procedures outlined here will be undertaken prior to considering new applications.*

### **INTRODUCTION**

In an effort to establish and streamline systems and manage the overall quality of applicants, the designated staff is tasked to continually evaluate the current procedures and employ strategic mechanisms that ensure the highest quality of applicants throughout the initial evaluation process. (*Accreditation Criteria* - Title I, Chapter 2 Eligibility Criteria, Introduction, and Section 1-2-100)

### **PROCEDURES**

#### **STEP ONE- INITIAL INQUIRY**

Telephone and email inquiries are addressed primarily by the Accreditation Department but with the implementation of the Personify database and creation of an interactive web site, all inquiries are ultimately directed to the Web site for initial registration. Detailed guidelines on the initial application process are provided on the Web site and all potential applicants are required to complete a web-based *Minimum Eligibility Self-Assessment (MESA)* as part of the evaluation of eligibility. However, many institutions seek to engage in dialogue if there is a question on one particular item on the checklist. An appropriate staff member will communicate with the applicant to clarify the minimum requirements of Section 1-2-100 and provide guidance.

Institutions are encouraged to register on the Web site for two reasons: 1) the inquiry is automatically logged into the system for tracking; 2) institutional accounts are created – facilitation of the initial application process. However, if upon discussion with the institution, the recommendation is to explore accreditation elsewhere, a registration is not necessary.





## **STEP TWO: COMPLETION OF MINIMUM ELIGIBILITY SELF-ASSESSMENT (MESA) CHECKLIST**

Upon submission of the MESA checklist, which has been configured by the system to generate specific follow up communication based on the responses provided, the applicant will get one of three automatic emails:

### **(1) Eligible:**

Dear [INSTITUTIONAL CONTACT]:

Thank you for your interest in the ACICS initial accreditation process. Based on the information you have provided, your institution meets our minimum eligibility requirements. Please click **HERE** to proceed with the initial application process.

The institution is advised that the registration is an extensive online form which will require a significant amount of information that should be readily available for use. For additional details on these items, please click **here**.

### **(2) Not Eligible:**

Dear [INSTITUTIONAL CONTACT]:

Thank you for your interest in the ACICS initial accreditation process. Unfortunately, based on the information that you have provided to us at this time, ACICS may not be a good fit for your institution. Should you have any questions or need additional guidance, please contact us at [initialapplicants@acics.org](mailto:initialapplicants@acics.org). We wish you and your institution all the best as you explore other accreditation options.

### **(3) Preliminary Diagnostic Assessment (PDA) Needed:**

Dear [INSTITUTIONAL CONTACT]:

Thank you for your interest in the ACICS initial accreditation process. Based on the information provided and/or your request for a preliminary diagnostic assessment, you will be contacted at [institution's e-mail] by one of our staff members to further explore your institution's eligibility and provide guidance. If you would like to speak with us on the phone, please click **here\*** to notify the ACICS review team. You will be contacted at our earliest convenience.

## **STEP THREE: INITIAL REGISTRATIONS**

Initial applicants are required, and so directed, to complete three unique registrations on the Web site. It is usually necessary to communicate the rationale for each registration to the applicant:



**Institutional:** The institution's name should not be confused with the corporate name, which may end in an "Inc.".

**Individual:** Because the chief on-site administrators are required to attend the Accreditation Workshop (see Section 2-1-100), they are to set up individual accounts that are tied to the institution, in order to facilitate the registration for this, and other, workshops.

**Corporate:** The name of the owning corporation, which may be the name of the institution. However, two accounts need to be created, one as INSTITUTION and another as CORPORATE.

Applicants are also required to provide program, enrollment, and graduate information and numbers as part of the institutional registration. Additionally, international institutions or institutions with unique offerings or delivery (at the director's discretion), are required to submit an official letter of intent with specific information that would allow for a more thorough assessment. This requirement is communicated via email to the primary contact at the institution. International applicants are also given information concerning potential costs at the initial stages of communication.

As an introduction and to gather more specific information, a member of the management team will contact the chief on-site administrator by telephone to discuss the registration and the completed form.

#### **STEP FOUR: INITIAL REVIEW**

The management team reviews key areas of the initial registration:

- The date of establishment determines the two-year minimum requirement. If the institution has been in existence, or has been offering educational services, for less than two years, the chief executive officer is contacted by telephone or email to communicate this requirement. At that time, the institutional record would remain inactive and the institution encouraged to contact ACICS once this requirement is achieved.
- Current enrollment allows the team to determine institutional continuity and ACICS' ability to evaluate the current educational offerings. There is an expectation of reasonableness which is about 10 - 15 students.



- Graduate numbers also determine institutional viability and a reasonable number of approximately 7 - 10.
- Current status with the state licensing agency.
- Current accreditation status: while this information is not disclosed on either form, applicants that currently offer financial aid are also currently accredited. Also, this question is asked during the introductory meeting. Three important areas:
  - Identify the accrediting body: to prepare the agency notification letter.
  - Grant expiration date: applicants are encouraged and advised to seek the transfer at least a year before their current grant expires. Applicants are also required to disclose their current standing with their current accrediting agency.
  - Institution should communicate to its current accreditor its intent to seek ACICS accreditation: as a gesture of respect and to maintain diplomatic relations with the agency.

If the institution does **not** meet minimum eligibility requirements, as a result of the review of the various elements, the manager will prepare a letter that includes the reason(s) for this determination. A copy of this correspondence is saved because institutions that are not eligible do not have a file in the electronic database management system. Institutions are also encouraged, either on the phone or via email, to explore other options if the management team determines that there is not a fit.

ACICS reserves the right to require a preliminary resource visit to assess the potential challenges involved in considering institutions that offer unique programs or deliver instruction in non-traditional setting. Such visits are at the institution's expense.

In some cases when there is a question regarding the initial application that cannot be addressed by staff, the executive team will be solicited and the case may also be reviewed by the Business Practices Committee of the Council. The manager will contact the primary liaison of the committee to draft an appropriate policy discussion for consideration at the next meeting. Following the commission's decision, a personalized letter will be sent to the institution. All correspondence is subsequently filed.

#### **STEP FIVE: INVITATION TO APPLY**





If the initial review determines eligibility, the assigned staff drafts the official *Invitation to Apply* letter, on behalf of the Vice President of Accreditation, which is sent electronically via the [initialapplicants@acics.org](mailto:initialapplicants@acics.org) mailbox for tracking. An official letter in electronic form is appropriate, given the travel schedules of both the vice president and the manager. A copy of the letter is also maintained in SharePoint in the appropriate folder for Initials. A template is also available in the same folder.

The letter details the application process, including that the institution's name will be posted on the Web site for public comment (within a **week** of communication), and for those institutions that are currently accredited, a notice that a formal request for information will be solicited as part of the applicant's consideration for ACICS' initial accreditation. **An invitation will not be extended to any institution which is under a conditioning or negative action by another USDE-recognized accrediting agency. Based on the nature and substance of information received from an accrediting agency, or other relevant third-parties such as State and licensing boards, the institution may be asked for a response or the invitation rescinded. Any information received is added to the institution's electronic record.**

#### **STEP FIVE: INITIAL APPLICATION**

The initial application must be completed electronically via the institutional account created as part of the process and is submitted when the appropriate application fee (See *Schedule of Fees*) is remitted via credit card. **These fees are non-refundable and good for a year.**

Applicants that have remitted the appropriate fee for an application but either have not completed any component of the process or is not actively working with ACICS staff, will be sent correspondence within a **month** of the expiration of the application. Subsequent to the expiration of the application, another letter will be drafted to inform the institution of the said expiration and the process to move forward. All templates are available via SharePoint in the designated folder.

The application consists of three critical phases, the outcome of which can impact the initial application process. Applicants are advised to review the requirements as outlined on the ACICS website **PRIOR** to initiating the process to determine how much additional resources





would be required to complete those items that may involve external parties (such as completing a financial audit).

#### Comments from State, Other Accrediting Agencies and Other Stakeholders

Information/Comments will be solicited from the state licensing or authorizing agency and from other accrediting agencies with which the institution is currently or in the past affiliated with. Further, any media coverage or published information relevant to the institution's ability to comply with ACICS' standards will be considered as part of the application.

#### Financial Review

Upon submission of the required financial statements, the financial analyst conducts an evaluation of the financial condition of the institution, using ACICS' financial matrix.

Once the financial review is complete, one of two things can happen:

- 1 The institution meets ACICS financial requirements and ready for the next phase: staff would communicate to the applicant that a DRAFT Campus Effectiveness Plan (CEP) and catalog must be provided in preparation for the initial resource visit; or
- 2 The financial reviewer has questions. This would trigger the preparation of a letter to the institution for more information. The extent of the issues and the subsequent response will affect the institution's ability to proceed to the next phase in a timely manner.

Institutions, which do NOT exhibit financial stability, will be advised that they cannot proceed with the process for financial reasons. This determination is based on the recommendation of the financial analyst and other factors.

#### Public Comment

The initial applicant's name and location will be posted on the ACICS Website for public comment to [comments@acics.org](mailto:comments@acics.org), which is managed by the Vice President of Accreditation. This entry will stay on the Website as long as the application is active. If not in good standing with another accreditor or any oversight agency, or if it is determined that there are areas in need of additional review, an initial resource visit will not be scheduled and the application will be held for further investigation.



## **The Initial Resource Visit**

The visit is scheduled and coordinated by senior staff, with scheduling not limited to the travel cycles – the visit may be conducted at any time, based on institutional preparedness and staff availability. For a multi-campus institution, the visit will be conducted to at least the main campus, and one or more branch campuses, based on the size of the institution, and the geographic distribution of the campuses.

The staff manager is required to set up the visit project in Personify and complete the associated task of the application. The Accounting department manages the invoicing, **PRIOR to the scheduling of the visit**. Within three weeks prior to the visit, staff representative sends a visit confirmation to the institution that includes the visit itinerary and the resource room materials list (template in the appropriate folder).

The institution undergoes a resource visit to assess the institution's eligibility and readiness to proceed with the self-study phase of the application. This visit is usually one day in length but may be extended based on the institution, its enrollment, and the scope and credential of the program offerings. A report is prepared based upon the staff member's visit with the institution and the institution is made aware of any concerns that need to be addressed prior to the full onsite Initial Grant (IG) visit.

Visits to international institutions are usually longer. ACICS must work well in advance to arrange for either a short visit with or enact some form of official communication with the appropriate regional or national Ministry of Education official(s). The primary purpose of this contact is to seek guidance and to invite the officials to join future ACICS evaluation teams as observers. The staff then sends the completed Initial Resource visit report to the institution. Included in the report, on the last page (under **Tentative Plans**) would be the directive to the institution to upload their documents to prepare for the Initial Grant visit.

## **Post-Resource Visit**

If the results of the resource visit indicate the institution demonstrates the operational and administrative capability to facilitate the initial grant visit, the staff that coordinated the visit will



follow up and advise the institution on the next steps. A follow up telephone call is usually warranted to direct the institution on uploading the self-study materials.

On the other hand, if the staff determines, and the report substantiates, that the institution needs additional time to develop and/or implement critical elements related to compliance with the standards, the institution will be directed to submit a response in a specified time period. Once the response is received and reviewed, the staff follows up with the institution, letting them know if they are able to proceed with the self-study phase. ACICS reserves the right to require one or more follow-up resource visits or to reject the application and advise the institution that it may reapply for initial consideration once all areas have been addressed appropriately.

Determined to be a critical piece of the institution's assessment, the response will be submitted as part of the initial application. Institutions that will need to submit a response will be guided accordingly.

### ***Submission of Self-Study***

The chief on-site administrator of each campus is required to attend an Accreditation Workshop prior to the submission of the self-study. With variance in the timeline for the self-study submission process, all administrators are encouraged to register as early as possible to complete this requirement. Additionally, attendance at an Initial Applicant Workshop is recommended for applicants, especially for those that have no prior accreditation experience.

Once the institution has completed the previous steps, the procedures for preparing the self-study are detailed on the Initial Application Process web page.

Further, the institution may be required to **resubmit** its institutional catalog and a final version of the CEP following the resource visit. The Initial Campus Accountability Report will be completed via the ACICS CAR Portal, log in for which will be provided when needed.

## **STEP SIX - INITIAL EVALUATION VISIT**

In preparation for the initial grant visit, the staff coordinator assigned to the institution meets with the manager of institutional compliance and/or the staff who conducted the initial resource visit to discuss the observations and findings in the Initial Resource visit report as well as provide a background on the institution. While the report is not shared with the team members, it helps the staff coordinator to better understand the institution and any uniqueness. Additionally, the





coordinator is given a *Guide to Initial Grant Evaluation* (DOCUMENT) as a resource during the evaluation.

The institution is provided with a copy of the evaluation visit team report and is required to submit a response to any findings identified. The report, response, self-study, audited financial statements, and any other information about the institution are considered by the Council at its next scheduled meeting. At these meetings, all applications for accreditation are considered and accreditation decisions are made. The institution is notified of the Council decision/action regarding its pending initial application in the same manner as with other Council actions – within 30 days of the final day of the meeting. Staff cannot discuss the Council's decision prior to the official notice.

#### **STEP EIGHT: DECISION ON APPLICATION FOR INITIAL ACCREDITATION**

The Council can take one of three actions on the application:

**Approve the Application and Award an Initial Grant:** The initial grant length may not exceed 3 years for institutions that are currently unaccredited, and 4 years for those currently accredited.

**Defer an action on the Application:** When the institution's response does not appropriately address the concerns identified by the team or the Council, an action on the application would be deferred pending additional information or clarification on the new institution's demonstrated compliance with the *Accreditation Criteria*.

**Deny the Application for an Initial Accreditation:** When the institution fails to demonstrate its ability to comply with, and is found to be materially out of compliance with, the expectations of the *Accreditation Criteria*, the Council will act to deny the application. This decision is only appealable to the Review Board of Appeals.





## **CHAPTER 29: INSTITUTIONAL COHORT DEFAULT RATES (CDR)**

### **INTRODUCTION**

Cohort Default Rate is defined as the percentage of an institution's student borrowers who enter repayment on certain Federal Family Education Loan (FFEL) Program and/or Direct Loan Program during a particular federal fiscal year (Oct. 1-Sept. 30) and default before the end of the next fiscal year. For student loans authorized under Title IV of the Higher Education Act, default occurs when a student fails to make payments on his/her loan for 240 days if the student is paying in monthly installments. The default rate is calculated by dividing the number of borrowers who entered repayment in a given fiscal year (denominator) into the number of borrowers who entered repayment and defaulted during the corresponding cohort period (numerator). For example, a school's cohort default rate for fiscal year 2007 is the percentage of students whose loans entered repayment from October 1, 2006, to September 30, 2007, and defaulted between October 1, 2006, and September 30, 2008.

The Department releases official cohort default rates once per year. Normally in late October the fiscal year (two years prior) default rates are made public. During the official cohort default rate process, schools are given the opportunity to appeal their cohort default rate(s) with the Department. The Department may take administrative actions against a school on the basis of its official cohort default rate(s) once all appeals are resolved.

The U.S. Department of Education administers the following student loans:

- (1) Federal Family Education Loans (FFEL), which include Federal Stafford and Federal PLUS loans
- (2) Direct Loans. Federal Stafford and PLUS loans are also offered through the William D. Ford Direct Loan Program
- (3) Federal Perkins Loans

The Department will subject schools to initial loss of eligibility to participate in the Pell Grant Program, FFEL Program, and/or Direct Loan Program when the school's three most recent



official cohort default rates are equal to or greater than 25% *unless* the school successfully appeals.

The Department will subject schools to extended loss of eligibility to participate in the FFEL Program and/or Direct Loan Programs when a school lost FFEL Program and/or Direct Loan Program eligibility prior to the release of the current official cohort default rate due to three consecutive cohort default rates equal to or greater than 25%.

An institution with a cohort default rate in excess of 40% for one year may be subject to limitation, suspension, or termination (LS&T) from all Title IV student financial aid programs.

*(Accreditation Criteria - 2-1-810. Student Loan Cohort Default Rates)*

## **PROCEDURE**

ACICS monitors its member institutions with cohort default rates equal to or greater than 25%.

- Institutions with a cohort default rate (CDR) equal to or greater than 25% for one year will be required to submit a Default Rate Improvement Plan. A closure plan is not required.
- Institutions with a CDR greater than or equal to 25% for two or more consecutive years are *required* to submit an updated Default Rate Improvement Plan. A closure plan is not required.
- Institutions with a CDR greater than or equal to 25% for three or more consecutive years are *required* to submit a Default Rate Improvement Plan and an institutional closure plan.
- Institutions with a CDR greater than or equal to 40% for one year are required to submit a Default Rate Improvement Plan and an institutional closure plan.

The Council's Financial Review Committee may take any of the additional following actions:

- Direct the institution to submit a default rate improvement plan or request additional information for further review
- Direct an on-site evaluation visit to the institution to assess the institution's overall compliance with the *Accreditation Criteria*. This could be either an unannounced visit or a special visit



- Issue a show-cause directive based on the information received from the institution and/or,
- Institutions with a high default rate may not be extended a grant of accreditation for any longer than four years.

#### **STEP 1: COMPILE AND MAINTAIN LIST OF COHORT DEFAULT RATES**

The Analyst for Financial Reporting will compile and maintain an up-to-date listing of cohort default rates for ACICS-accredited main campus institutions. This list, which includes the three most recently published CDR's, is used as an internal document for the benefit of ACICS staff. It is updated annually.

#### **STEP 2: PREPARATION OF CORRESPONDENCE TO COUNCIL**

The analyst will prepare correspondence according to Council guidelines as follows:

- Institution's default rate is over 25% for one year
- Institution's default rates are over 25% for two years
- Institution's default rate exceeds 25% for three years
- Institution's default rate above 40%

#### **STEP 3: REVIEW BY FRC**

The FRC reviews the list of CDR rates and staff recommendations for action and makes a determination as to which sanctions to apply. The coordinator is authorized to approve and sign all correspondence pertaining to cohort default rates for ACICS-accredited institutions.

#### **STEP 4: DOCUMENT MANAGEMENT**

The analyst will forward the correspondence as appropriate and ensure that it is filed in the institution or campus file as well as in SharePoint. Follow-up correspondence is created, forwarded and filed as required.





## **CHAPTER 30: INSTITUTIONAL EFFECTIVENESS COMMITTEE**

### **INTRODUCTION**

The mission of the Institutional Effectiveness Committee (IEC) is to assist institutions in the improvement of their outcomes by establishing and assessing criteria for institutional effectiveness. In order to assist ACICS-accredited institutions in meeting established standards, the IEC shall review Campus Accountability Reports, Campus Effectiveness Plans, and institutional outcomes and measurements (*Accreditation Criteria – Article V Committees, Section 1(e) Institutional Effectiveness Committee*).

### **PROCEDURE**

The IEC will achieve its mission through the accomplishment of the following objectives:

1. To continuously review and assess student achievement (retention, placement, and licensure pass rate (where applicable)) results of the ACICS member institutions to ensure that all institutions comply with the Council's minimum standards.
2. To continuously review and evaluate the Campus Accountability Report reporting procedures.
3. To provide oversight of the validity, reliability, and usefulness of the data collected from the Campus Accountability Reports.
4. To provide ACICS member institutions with publications, workshops, and other services to assist with retention and placement issues and to improve educational processes.
5. To provide ACICS member institutions with the knowledge and tools necessary to develop and implement successful retention and placement plans.
6. To establish and review accreditation standards related to institutional effectiveness.
7. To provide guidance, sponsor educational programs, and produce appropriate publications to help member institutions meet the criteria for institutional effectiveness.



8. To review and approve/disapprove requests by member institutions to initiate new activities or programs at campuses which are not compliant with ACICS retention or placement standards.
9. To recommend Council actions for member institutions that are not compliant with ACICS retention, placement, and/or licensure pass rate (where applicable) standards.
10. To review and assess enrollment data to determine whether there has been significant growth at the campus-level.
11. To review and assess enrollment data to determine if there has been more than 50% growth at institutions that offer coursework via distance education.

Two Council staff members will serve as liaisons to the Committee to support meeting its objectives. The primary liaison's responsibilities include interacting with the Committee Chair, facilitating the items for discussion and the Committee's consideration, and ensuring that all policy changes and institutional reviews are ready for the Committee. The secondary liaison serves as the Committee scribe, preparing the meeting agenda, recording minutes, and ensuring that the final minutes have been reviewed by the primary liaison and approved by the Chair prior to the full Council's discussion and acceptance. The secondary liaison is also responsible for ensuring that the final draft minutes and any materials handed out during the meeting are stored in the ACICS Intranet.

In preparation for the meeting, the draft agenda, policy outlines, reports, and supporting documents are on ACICS' intranet: [Council](#) > [Documents](#) > [POLICY](#) > [IEC](#) (appropriate year and meeting folder). Upon completion of the meeting and once the minutes have been drafted, they should be also be saved on the intranet: [Council](#) > [Documents](#) > [MEETING](#) > [MINUTES](#) (appropriate year and folder).



## **CHAPTER 31: INSTITUTIONAL REVIEWS**

### **INTRODUCTION**

During most Council meetings, there may be a number of scheduled, in-writing reviews of institutions. These reviews, described in Section [2-3-500](#), are the result of issuance or continuation of a show-cause directive by the Council.

### **PROCEDURES**

#### **NOTIFICATION OF SHOW-CAUSE DIRECTIVE**

An institution is notified of a show-cause directive via an action letter sent by overnight UPS delivery, return receipt requested (or equivalent), and is provided with an opportunity to respond to the show-cause directive for the Council's review. All institutional reviews will be in writing except if specifically directed by the Council to appear in person. An institution's notice of intent to respond to the show-cause directive must be received in the Council office within ten (10) days of the institution's receipt of the Council's action letter notifying the institution of the issuance of the show-cause directive, and must be accompanied by the institution's payment of the appropriate fee. The show-cause review/hearing fees are disclosed in the *Schedule of Fees* and posted on the ACICS web site.

#### **DESIGNATION OF INSTITUTIONAL SHOW-CAUSE REVIEW PANEL**

Prior to the next scheduled meeting of the Council, ACICS staff notify ACICS commissioners of their assignment to the review panel for an institutional show-cause. Review panels consist of at least three commissioners, and one commissioner is designated as the panel chair. At this time of notification, the assigned commissioners will confirm that they have no conflict of interest with the institution being review.

#### **PREPARATION OF REVIEW MATERIALS**





Staff also prepares a summary of the history leading up to the review. Staff also compiles relevant documentation such as prior action letters, team reports, and institutional responses, which are incorporated into an institutional review binder. This binder is sent to panel members approximately one to two weeks prior to the Council meeting.

#### **REVIEWS SCHEDULED AND ADDED TO COUNCIL AGENDA**

Institutional reviews are organized to provide approximately an hour to an hour and a half for the discussion of the institution's show-cause response by the designated panel of commissioners. An institutional review may be scheduled during the week of a Council meeting, or as a remote review (via telephone or WebEx) in the days or weeks prior to the next scheduled Council meeting.

#### **INSTITUTIONAL SHOW-CAUSE REVIEW**

During the scheduled review of the show-cause, the panel discusses whether or not the response provided by the institution to the show-cause was complete and provided substantial evidence or not as to whether it is now compliant with the *Criteria* sections cited in the Council's action letter. The panel chair leads the discussion and provides any contextual information to the panel that s/he may have gained from the assigned staff person. The staff person may interject any additional information s/he has received from the institution since providing the binder of show-cause materials to the panel. The panel should reference specific exhibits provided by the institution during its discussion of the institution's compliance. Upon the conclusion of its discussion, the panel will determine its recommended action (vacate show-cause, continue show-cause, or deny the renewal of accreditation application/withdraw the institution's accreditation by suspension) which it will present to the full Council.

#### **CONSIDERATION OF SHOW-CAUSE BY FULL COUNCIL**

The panel's recommendation is presented to the full Council by the panel chair. The full Council considers the recommendation, asking questions of the panel about the institution's response, and may accept, revise or reject the panel's recommendation before taking action on the show-cause directive. Staff assists in the preparation of appropriate motion letters following the Council's action.



## CHAPTER 32: INTERMEDIATE REVIEW COMMITTEE

### **INTRODUCTION**

The Intermediate Review Committee (IRC) is charged with the responsibility to conduct institutional reviews and make recommendations to the Council for consideration prior to each triennial meeting. The IRC is comprised of an external panel of former Commissioners and experienced evaluators, supported by Council travel staff members. The committee meets at the ACICS office in Washington, D.C. for three consecutive days during the months (March, July, and November) prior to regularly scheduled Council meetings.

Committee members review the complete record of an evaluation visit, which includes the team report, institutional response (if submitted), catalog, and any supplemental documentation presented during the IRC review period. The IRC reviews the documents collectively and recommends an action for the Council's consideration. The recommendation is not binding on the Council. Although file review is assigned to individual IRC members, recommended actions are not the opinion of a single member. All committee members contribute to a group recommendation after the committee as a whole has engaged in a thorough discussion of the issues. See *Accreditation Criteria – Section 2-1-602 – Intermediate Review*

### **PROCEDURE**

The review of individual institutional files is the primary responsibility of each IRC member. Institutional files are assigned to IRC members based on several variables, to include: IRC member did not serve on the visiting team, IRC member has no current or former affiliation with the institution being reviewed, and total files reviewed have an equal number of areas of non-compliance or “citations.”

Given that IRC is a required process involving several individuals, including staff and volunteers, there are specific steps to follow to ensure all areas are covered successfully.



## MEETING PLANNING

The planning process for an IRC meeting begins approximately two months prior to the scheduled meeting. IRC staff maintains a list of individuals approved to serve as an IRC member. Three to four IRC members are selected to serve for each meeting. After availability is confirmed, staff sends a memorandum to all members with logistical and other pertinent information (hotel, reservation confirmation numbers, dinner arrangements, honorarium amount, etc.). Staff secures hotel arrangements for IRC members; however, IRC members make their own travel arrangements. An honorarium of \$250 is provided for each day of service, and expenses are reimbursed through the Concur reimbursement system. Staff host dinners for the IRC every evening of their session, in addition to joining the IRC for lunch at mid-day.

Additionally, training for new members is conducted on the Sunday afternoon prior to the start of the meeting; and orientation for all reviewers is conducted on the morning of the first day. All participants are required to present a signed copy of the IRC Conflict of Interest form prior to, or at the beginning of, the review session. Orientation, which is conducted by the assigned staff and the Vice President of Accreditation, will include any applicable Criteria revisions that impact the review, expectations of the review, and guidance on the possible Council Actions as outlined in Chapter 3 of the *Accreditation Criteria*. See the IRC Training Manual.

## INSTITUTIONAL FILE PREPARATION

With direction from staff, IRC members review institutional files and develop recommended actions for discussion. In preparation for IRC, staff produce File Review Worksheets (commonly referred to as ‘orange sheets’) that provide background information on the institution, to include type of visit conducted, retention and placement rates, default cohort rates, financial reporting, complaints/adverse information, maximum time frame, accreditation expiration date, and first date on the Council agenda, along with all areas of non-compliance. IRC members review all relevant materials (File Review Worksheets, team report, institutional response, catalog, supplemental information, if applicable) to make a recommended action for consideration by Council.





## **FILE REVIEW**

IRC members are encouraged to read through the entire team report followed by a careful read through of the narrative portion of the institutional response. Further, IRC members should compare each area of non-compliance with the response submitted. Supporting documentation, such as, exhibits, must also be reviewed. IRC members consult with staff to clarify issues and may request staff who conducted the visit to obtain additional information during their deliberation.

In addition to reviewing the key documents referenced above, IRC members are responsible for drafting an action letter that will be forwarded to Council for review. The recommended action referenced in the letter includes length and type of grant awarded, with rationale.

## **CONSIDERATIONS**

The IRC conducts file review presentations, also known as considerations, during the IRC meetings. Typically, at least two considerations sessions are scheduled per meeting. The IRC staff person serves as chair of the considerations session. During considerations, each IRC member will present an institution indicating name, location, type of visit conducted, and identify staff conducting the visit followed by a complete review of each area of non-compliance, a synopsis of the institutional response, and the IRC member's recommendation. Discussion will oftentimes ensue, and staff are encouraged to engage in the interactive dialogue and clarify any facts or situations presented based on their experience during the visit. Staff take copious notes of pertinent areas of concern to be included in the action letter.

All participants attending considerations receive a packet of File Review Worksheet documents referencing all institutional presentations being made by IRC members.

## **CONCLUSION**

The end product of IRC meetings is two-fold: a completed File Review Worksheet (used for internal review) that provides a rationale for accepting or denying supporting evidence, which augments the team report, in an effort to remediate an area of non-compliance, and a draft action letter to be recommended to the Council as a result of IRC's comprehensive review process.



## CHAPTER 33: LEARNING SITE APPLICATION

The Learning Site Application is used for smaller, non-independent locations and it is a shorter, less comprehensive application than the Branch Application. The application consists of questions about the location, the activities that will take place, state compliance, and management by a main or branch campus. A learning site cannot be its own independent location; the application should indicate that a main or branch campus has oversight and is responsible for the overall management of the site (*Accreditation Criteria* – Sections 1-3-103; 2-2-104; and 2-2-110).

### **PROCEDURES**

#### **STEP ONE – SUBMISSION OF APPLICATION**

To submit an application, the institution, or campus, logs into the ACICS Member Center and clicks beside *Modify or Add Locations*. They then select *Add a Location*, complete the application and supporting documentation, and remit the appropriate fee. Learning sites can offer either courses or full programs, be either permanent or temporary, and must be within 5 miles of the oversight campus. Learning sites that are greater than five miles from the managing campus and offer student transportation to the managing campus or are used for delivery of distance education activity or collaborative arrangements with other entities for specific on-site educational activity must be approved by the Council on a case-by-case basis and are subject to a quality assurance visit as specified by the Council. All learning sites are subject to an on-site evaluation visit during the managing campus renewal of accreditation evaluation visit. Institutions may also convert current branches to learning sites.

In addition to meeting the requirements listed above, an institution requesting approval to initiate any non-main campus activity cannot (1) be on financial review; (2) have a net loss on their most recent financial statements; (3) be on reporting with the Institutional Effectiveness Committee (IEC); or (4) currently on deferral and submit an application without first obtaining prior permission from the Council. Section 2-2-104 of the *Accreditation Criteria* also indicates



that any institution “under a show-cause directive, a negative action, or in a probation status will not receive approval for the initiation of any nonmain campus activity while the action is in effect.” Documentation required includes the application, evidence of state approval, inventory of equipment, faculty staff summary, and a narrative explaining the rationale for the proposed learning site.

## STEP TWO –STAFF REVIEW

If all of the above components are not submitted, staff contacts the institution via e-mail for the missing elements and places the application on hold until the missing documents have been received. **The request for information will be given a two-week time period for submission or the application will be withdrawn. This must be communicated to the campus at the time of request.** In cases where the state requires approval from the accrediting agency before it will grant approval, the institution must present evidence from the state in which accreditor approval is required before final approval can be granted. On a weekly basis, staff must log into the Member Center Analyst Dashboard to check for new Learning Site Application submissions.

Section 2-2-104(b) of the Accreditation Criteria also indicates that any institution “...under a show-cause directive or a negative action will not receive approval from ACICS for the initiation of any such campus activity while the action is in effect.”

Therefore, the Program Analyst, as part of the review, will access the institution’s account via Member Center and review the **Council Action** section of the dashboard to confirm that none of the conditioning actions above are in effect. In the event that the institution needs to obtain prior approval, an email communication will be sent to the primary contact to explain the waiver submission process (by the Senior Manager).

Upon receipt, staff reviews the completed application and supporting documentation for compliance with the *Accreditation Criteria* and determines if the change is appropriate. If the requested change is found to be in compliance with the *Accreditation Criteria* and less than 50% of an approved program will be offered, an approval letter, is generated, turned into a PDF file, e-mailed to the institution, with copies to the U.S. Department of Education representative (included in the template), the appropriate U.S. Department of Education Case Management





representative (found in the most recent Directory of Higher Education Officials), and the appropriate state representative (found in the most recent Directory of Higher Education Officials).

If more than 50% of a program will be offered at the learning site, this will be considered a substantive change requiring the review of the [Substantive Change Committee](#). The committee will take into account the outcomes of the managing campus as well as the programs proposed to be offered at the site, the distance from the managing campus, and other factors consistent with its review of substantive change already detailed in that Chapter.

### **STEP THREE – DOCUMENT MANAGEMENT**

The approval letter is saved in, U:\COUNCIL\Non-Main Campuses Approvals (Branch, Learning Sites), in the folder for the appropriate year using the institution's id code as the name of the file.

Staff uploads the approval letter into the Learning Site Application in the Member Center and changes the application status to Visit Required.

### **STEP FOUR – VISIT SET-UP**

Staff logs into the database (Personify), finds the application task flow in the *Application Approval Management* module (previously mentioned), grabs and completes the first task ("Review Learning Site Application"). Staff should also add the appropriate tasks for learning sites that need a verification visit (*SCHEDULE- Schedule Learning Site Verification Visit; PRODUCT- Create Visit Invoice; and GENERAL- Record Council Action*); Staff then goes into *Visit Management* and assigns a cycle to the Learning Site Verification Visit (if applicable).

### **STEP FIVE-- LEARNING SITE ANNUAL REPORT**

Approximately one year after approval, the oversight campus must submit an Annual Report, an assessment of activities taking place at the site. Staff reviews the report and sends an acknowledgement to the school.



## CHAPTER 34: MONITORING SIGNIFICANT ENROLLMENT GROWTH

### INTRODUCTION

Significant enrollment growth at institutions is monitored annually with the submission of data in the [Campus Accountability Report](#). ACICS defines significant enrollment growth at the institutional level in two ways:

1. Growth of 100% or greater in enrollment at institutions within the reporting period covered by the CAR, July 1 through June 30. Because a small institution may experience rapid growth that does not represent a large number of additional students, an exception is made for institutions whose beginning enrollment is less than 200 students and where enrollment does not exceed 400 students by the end of the reporting period.

2. Growth of 50% or greater in enrollment at institutions where distance education coursework is offered within the reporting period covered by the CAR, July 1 through June 30.

### PROCEDURES

**Data Collection** – Headcount enrollment data is collected and analyzed within two to four weeks of the data submission. The operational definitions and formulas used to calculate headcount enrollment are described in the CAR Guidelines and Instructions.

**Monitoring Enrollment Growth** – Institutions that report either type of enrollment growth as defined above are considered by the [Institutional Effectiveness Committee](#) for monitoring and reporting action. Staff will provide to the Committee an institutional profile - accreditation history, whether the campus is new, number of new programs, enrollment growth in specific programs, and modes of delivery. The Committee reviews the profile to determine why the institution is experiencing such rapid growth and then reviews information on all risk factors - financial reporting status, student achievement outcomes, cohort default rates, as well as



any complaints or adverse information, to determine the impact that growth has had, if any, on financial stability as well as the quality of education provided to the students.

**Monitoring/Reporting Actions** - If the Committee determines that the rapid rate of growth at an institution is negatively affecting either financial stability or the quality of education, the following actions may be taken:

- Enrollment Growth Monitoring – Formal communication is sent to the institution requiring a response for the Committee's review at the next meeting. The response will request information on the following areas:
  - Graduate and employer satisfaction by program
  - Key resource indicators including faculty-student ratios
  - Student services staffing levels and related operating budget ratios
  - Any reports required by the failure of the institution's student outcome metrics to meet Council expectations
- Direct a Special Quality Monitoring visit – to evaluate the institution's capacity and operations as they relate to the large enrollment. The visit will also focus on academic quality, instructional depth and student satisfaction.
- Issue a Show-Cause Directive

Information requested, report of the visit conducted with the institution's response, or documentation for the show-cause review will be considered by a member of the IEC at the Council's next meeting. If the institution is able demonstrate that it able to successfully manage its growth, then the Council may take action to remove the institution from Enrollment Growth Monitoring or continue monitoring through the next CAR submission. Ongoing concerns with growth may result in additional Council actions consistent with the review processes.

Information that an institution is subject to enrollment growth reporting requirements is taken into consideration by the Council if that institution applies for approval for any new programs or campuses or for distance delivery of additional programs.





Parallel with the Council's review of the institution, if the institution offers coursework via distance education, correspondence will be forwarded to Secretary of Education within 30 days of the Council's review of the data. This information will not be shared with the institution but the Department will also be copied on all communication to the institution if an action is taken, as described above.



## CHAPTER 35: NEW PROGRAM APPLICATION

### INTRODUCTION

An institution wishing to initiate a new program must seek and receive Council approval prior to advertising and admitting students into the program. This is considered a substantive change. All new program applications are processed according to the standards set forth in the *Accreditation Criteria*, including Sections 2-2-500, 2-2-501, 2-2-502, and 2-2-503 - **Programs of Study**.

### PROCEDURES

#### **STEP ONE– SUBMISSION OF APPLICATION**

Institutions must log into their Member Center account complete and submit the New Program Application using either a major credit card, or by submitting a check to the ACICS, to remit the appropriate fee. In cases where a check is being sent, it may be necessary to work with the Accounting department.

#### **STEP TWO– STAFF REVIEW**

A Program Analyst reviews the application to ensure that:

- a. The application includes the appropriate state approval.
- b. The application meets Education Requirements at the credential level which apply (*Accreditation Criteria* Title III, Chapter Two, for non-degree programs, Title III, Chapter Three, for occupational associate's degree programs, Title III, Chapter Four, for academic associate's degree programs, Title III, Chapter Five, for bachelor's degree programs, Title III, Chapter Six, for master's degree programs.
- c. All contact/credit hours are distributed, converted, and totaled accurately in the Academic Credit Analysis.
- d. Courses are scheduled with appropriate prerequisites.
- e. Proposed syllabi for the new program meet the Council's standards (Glossary definition).



### STEP THREE– COMMUNICATION WITH SCHOOL

Once the new program is reviewed, **one** of three options is followed:

1. If the application submitted contains errors or is incomplete, an e-mail detailing areas of non-compliance is sent to the member institution and the application is held in the office of the respective reviewer for two weeks. **If the requested information is not provided by the institution within two weeks, the application is withdrawn.**
2. If a program is complete, meets the standards of the *Accreditation Criteria*, and is within the institution's current scope of accreditation, staff drafts a letter of approval which is emailed directly to the application preparer with a copy to the campus administrator. Staff will add the new program to the institution's "Accredited Programs" tab in the Personify system and change the status of the program from "pending" to "active".
3. If the reviewed program constitutes a program outside the scope of the institution's mission and currently approved programs, the program must be presented to the [Executive Committee](#) for consideration for an expansion of the institution's scope of accreditation. If the expansion of scope is approved by the Committee, the institution is sent a letter acknowledging the approval, and addition to the Accredited Programs tab in Personify. The institution is sent an approval letter for the new program and a visit by an appropriate subject matter specialist is scheduled. This visit is scheduled for one year from the anticipated start date of the program. The institution's visit is then added to the "Visit Management" in the Personify system, where it will be assigned to the appropriate travel cycle.
4. If a program is to be at a higher credential level than any program currently approved within the institution (main and branch locations), the program must be presented to the Executive Committee for consideration for an expansion of the institution's scope of accreditation. If the expansion of scope of accreditation is approved, a readiness visit must be scheduled and the communication and visit set up procedures followed.





## **CHAPTER 36: NOMINATING COMMITTEE**

### **INTRODUCTION**

The mission of the Nominating Committee is to provide a slate of qualified candidates for commissioners to the ACICS membership while assuring the integrity of the processes for candidate selection, election, and appointment (*Accreditation Criteria* – Article V Committees, Section 1(a) *Nominating Committee*).

### **PROCEDURE**

The Nominating Committee will achieve its mission through the accomplishment of identifying, and screening of nominees and the selection of candidates for election as commissioners.

- Identify persons qualified to be appointed or elected as commissioners and recommend them to the Council for appointment, or to stand for election.
- Oversee the voting process.
- Assure that these procedures are followed: The membership shall be notified of the composition of the Committee and invited to submit to it names of qualified nominees. The Committee in its selection of candidates shall be mindful of diversity of programs, size and types of institutions, and geographic representation. It shall develop and publish eligibility criteria, permissible campaign practices by candidates, and any special voting procedures. Interviews of nominees by the Committee are permitted.
- Assure that each member institution has a designated delegate.

### **VETTING PROCESS**

In addition to the tasks enumerated above, the Nominating Committee is charged with soliciting and reviewing documentation that supports a candidate's eligibility and qualifications for serving as an effective decision maker on the Council. Every candidate for a Council vacancy is required to submit a resume of their professional experiences and a transcript of their academic background. The steps of the process are as follows:



1. Establish an outreach activity to solicit responses from interested and qualified candidates for Council. The outreach is made to member institutions, evaluators, the accreditation community, and other key stake-holders as appropriate.
2. Review applications to screen out any candidates who lack experience or education background commensurate with the responsibilities of an ACICS Commissioner.
3. Screen out individuals whose current or recent affiliations may create a risk of exposure to the agency or a possible conflict of interest.
4. Analyze the documentation to determine the category (academic, administrative, public, or member) that the candidate fulfills.
5. Select one or more qualified candidates for each vacancy on the Council; only candidates representing a member institution are eligible to stand for election.
6. Bring the slate of candidates to the full Council for its review and approval, prior to the electronic election process.
7. Appointed public representatives are identified and vetted in a similar manner but with no voting. Once the candidates have been interviewed and accepted by the Nominating Committee, their final recommendation for acceptance is made to the full Council, who will then approve the individual's addition to the Council for a specified number of years.<sup>52</sup>

All materials pertinent to the function of the Nominating Committee are maintained and managed by a senior member of staff and stored [Council](#) > [Documents](#) > [MEETING](#) > [MINUTES](#) (appropriate year and folder) as appropriate. Application Review Materials are maintained by the staff member and shared confidentially with the Committee and/or Council.



## **CHAPTER 37: NON-CREDIT, SHORT TERM COURSE PROGRAM APPLICATION**

### **INTRODUCTION**

In light of the changes to the Federal 90/10 rule in 2009, ACICS developed a new application, the Non-Credit, Short Term Module (NCST), for those institutions that wish to generate revenue from cash-based modules and/or courses.

### **PROCEDURES**

#### **STEP ONE – SUBMISSION OF APPLICATION**

To submit an application, the institution, or campus, logs into the ACICS Member Center and clicks beside *Non-Credit Short Term Program Course*. They then select the campus, complete the application and supporting documentation, and remit the appropriate application fee.

If the intent is to offer the module or course at a learning site of a campus, the application must be submitted by the oversight campus (since the learning site does not exist independently). If the module /course will be offered at both the main oversight campus and a learning site, only one application needs to be completed. Documentation required includes the application, module details, draft announcement or promotional materials, and state approval, if applicable. Some states do not acknowledge such modules, others only require notification and some actually approves the module. It is the institution's responsibility to obtain and submit the appropriate document or notice from the state.

#### **STEP TWO – STAFF REVIEW**

If all of the above components are not submitted or additional information is needed, staff contacts the campus via e-mail for the missing elements and places the application on hold until the missing documents have been received, which must be within **two weeks of communication**. **If the requested information is not received within that time, the**





**application will be withdrawn.** On a weekly basis, staff must log into the Member Center Analyst Dashboard to check for new Non-Credit Short Term Application submissions.

Upon receipt, staff reviews the completed application and supporting documentation for compliance with the *Accreditation Criteria* and determines if the change is appropriate. If the requested change is found to be in compliance with the *Accreditation Criteria*, an approval letter, U:\COUNCIL\Programs\Non-Credit Short Courses, is generated, turned into a PDF file and e-mailed to the campus. If the President determines that courses are in fact programs, the campus may be directed to submit new program applications.

### **STEP THREE – DOCUMENT MANAGEMENT AND APPLICATION COMPLETION**

The approval letter is saved in the folder for the appropriate year, in SharePoint, using the campus's ACICS ID Code as the name of the file.

Staff uploads the approval letter into the Non-Credit Short Term Module Application in the Member Center and changes the application status to Approved.



## **CHAPTER 38: NON-SUBSTANTIVE PROGRAM MODIFICATIONS**

### **INTRODUCTION**

Institutions wishing to make non-substantive changes to approved programs must notify the Council prior to the implementation of these changes. (*Accreditation Criteria* - Section 2-2-151). These changes must be communicated via the submission of an application.

### **PROCEDURES**

#### **STEP ONE–SUBMISSION OF APPLICATION**

Institutions must log into their Member Center account to download and complete the application and remit the appropriate application fee.

#### **STEP TWO–STAFF REVIEW**

A Program Analyst will conduct a review of the Non-Substantive Program Modification Application.

The Non-Substantive Program Modification Application must meet criteria at the credential level for which the program applies (*Accreditation Criteria* Title III, Chapter Two, for non-degree programs, Title III, Chapter Three, for occupational associate's degree programs, Title III, Chapter Four, for academic associate's degree programs, Title III, Chapter Five, for bachelor's degree programs, or Title III, Chapter Six, for master's degree programs):

1. All contact/credit hours are converted, distributed and totaled accurately, as indicated on the academic credit analysis;
2. The revisions submitted do not equal or exceed 25% of the total existing contact hours, credit awarded, curriculum content (courses offered), or program length; and
3. The revisions do not constitute a change in the program objective or institutional mission.

#### **STEP THREE–STAFF COMMUNICATES WITH INSTITUTION**



Once the Non-Substantive Program Modification Application is reviewed, one of two options is followed:

- a. If the application submitted contains errors or is incomplete, an email detailing areas of non-compliance is sent to the member institution requesting revisions to the application and/or the supplemental documentation. **If the requested information is not received within two weeks of communication, the application will be withdrawn.**
- b. If the program modification is complete and meets the standards of the *Accreditation Criteria*, the application is processed and the acknowledgement letter is signed and dated by the Program Analyst with an indication of the type and percentage of change. A letter of acknowledgement is emailed to the institution, and the institution's "Accredited Programs" tab in Personify is updated to reflect the non-substantive change to the respective program.





## CHAPTER 39: PLACEMENT VERIFICATION PROGRAM (PVP)

### INTRODUCTION

ACICS launched its internal Placement Verification Program (PVP) on July 1, 2016, for the monthly submission, verification, and validation of placements for all campuses. Campuses cannot report, on the Annual institutional [CAR](#) report any placements that have not been validated by ACICS. Hence, it is critical that the procedures outlined below are followed systematically to strengthen the integrity of the data and establish a record of review for the Council's consideration of Student Achievement (Placement) actions. (*Accreditation Criteria* - Section 3-1-203).

### PROCEDURE

#### Campus Submission Procedures

Pertinent PVP process information is provided to the campuses once they log into the system. Any change to the process or any enhancements would be recorded in these materials accordingly as well as being published in the Memo to the Field *For Information Only* Section and further discussed in the AWARE webinars. Campuses are able to submit placements individually, once confirmed, or a group for the month's submission. Once submitted, the system automatically sends an email to the employer and graduate, two weeks later if not verified, and two weeks after that (that is, there are three attempts by the system to obtain a verification).

Campuses are also able to update email addresses (and other placement information) to improve verification response rates and monitor the response and validation activity through their account. Further, campuses are able to contest placements deemed to be invalid by ACICS.

#### **Contesting a Placement Determination**

- Click on the **CONTEST RESULTS** button to start the process
- The following window will open



## Contest Result

If a placement has been deemed invalid by ACICS, the institution may contest the decision by submitting supporting documentation to the PVP review panel. The panel will complete a one-time review and their decision will be final. Documentation should include the following:

**Title classification:** evidence that the title identified is aligned with the program of study and may be unique to a field, employer, etc.

**For a placement by skills:** written evidence to demonstrate that the graduate is utilizing a predominant number (majority) of skills they obtained from their program, on a regular basis, in the position. Documentation should consist of program descriptions/course listings, and a position description from the employer or attestation(s) from the graduate and/or employer identifying the skills utilized in the position.

**For a placement by benefit:** written evidence that the graduate received a promotion, pay raise, or that the completion of the program enabled them to keep their current position. Documentation should include an attestation written by the employer/student identifying the benefit gained; comparative pay stubs which shows an increase; change in employment status or position (from coordinator to supervisor, etc.)

**\*Note:** Submissions are only for placements that have been verified but marked invalid. Questions regarding placements that have not been verified should be submitted to [verification@acics.org](mailto:verification@acics.org).

Notes to PVP Review Panel:

Attach up to 3 files:

File 1:  **BROWSE**

File 2:  **BROWSE**

File 3:  **BROWSE**

**SUBMIT DATA**

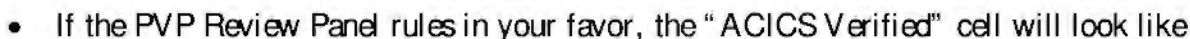
**CLOSE**

- Enter the narrative you would like the review panel to consider in the notes field
- Click on the browse button to upload any supporting documentation
- Click on the submit data button to send the request to the review panel for consideration

✖ Invalid

**CONTESTED**

- The “ACICS Verified” cell will look like this if the request was successfully submitted



**SUCCESSFULLY CONTESTED**

- If the PVP Review Panel does not rule in your favor, the “ACICS Verified” cell will

### CONTESTED UNSUCCESSFULLY

## ACICS Administrative Review Procedures

ACICS		ACICS ID#									
begin typing to search											
<ul style="list-style-type: none"> <li>User Access</li> <li>Monthly Placements</li> <li>Upcoming Visits Placements</li> <li>Archived Placements</li> <li>Confined Placements</li> <li>Hand Assistance</li> <li>Response Que</li> <li>Call Requests</li> <li>Reports</li> <li>Active Institutions</li> <li>Final Check</li> <li>Update Excel Template</li> </ul>											
Placement Data											
Institution Name <input type="text"/>											
<input type="button" value="Filter"/>											
<input checked="" type="button" value="Active"/> <input type="button" value="Report"/>											
ACICS ID	Institution	Placement Month	Visit Schedule	Number of Placements	End Recorded		ACICS Verified		Response Rate	% Verified	View
				100	Graduate	Enrollmer	Contact	Email			
00010033	Salem College of Health Sciences	September 2017	September 11, 3:22 PM	3	0	3	0	0	100%	100%	<a href="#">Q</a>
00010402	Stratford Hall Career Institute	October 2017	September 11, 3:22 PM	3	1	1	0	2	47%	47%	<a href="#">Q</a>
00010497	Harris School of Business	November 2017	September 11, 3:22 PM	4	1	1	0	2	50%	50%	<a href="#">Q</a>
00010823	Stratford Hall Career Institute	December 2017	September 11, 3:22 PM	1	0	0	0	0	0%	0%	<a href="#">Q</a>
00010937	DeVry University - Carolina Campus	January 2018	Not Submitted Yet	0	0	0	0	0	0%	0%	<a href="#">Q</a>
00010932	Stratford Hall Career Institute	February 2018	September 11, 3:22 PM	3	0	0	0	0	0%	0%	<a href="#">Q</a>
00010702	Stratford Hall Career Institute	March 2018	September 11, 3:22 PM	4	1	2	0	2	50%	50%	<a href="#">Q</a>
00010079	Wilton-Maine Technical College	April 2018	September 11, 3:22 PM	7	4	0	0	3	71%	42%	<a href="#">Q</a>
00011920	Stratford Hall Career Institute	May 2018	September 11, 3:22 PM	0	0	0	0	0	0%	0%	<a href="#">Q</a>
00010990	Salem School	June 2018	September 11, 3:22 PM	11	2	0	0	1	36%	17%	<a href="#">Q</a>
00022387	Stratford Hall Career Institute	July 2018	September 11, 3:22 PM	1	0	0	0	0	0%	0%	<a href="#">Q</a>
00022428	Harris School of Business	August 2018	September 11, 3:22 PM	2	0	1	0	2	40%	40%	<a href="#">Q</a>
00022300	Harris School of Business	September 2018	September 11, 3:22 PM	2	1	0	0	1	50%	50%	<a href="#">Q</a>
00010244	Salem School of Nursing & Allied Health	October 2018	September 11, 3:22 PM	6	1	2	0	0	30%	30%	<a href="#">Q</a>
00044071	Harris School of Business	November 2018	September 11, 3:22 PM	4	1	0	0	0	25%	0%	<a href="#">Q</a>
00010540	American College for Medical Careers	December 2018	September 11, 3:22 PM	4	0	0	0	0	0%	0%	<a href="#">Q</a>
00017824	Stratford Hall Career Institute	January 2019	September 11, 3:22 PM	0	0	0	0	1	100%	100%	<a href="#">Q</a>
00020028	International Defense College	February 2019	September 11, 3:22 PM	47	18	17	0	0	31%	81%	<a href="#">Q</a>

ACICS Policies and Procedures Manual  
Revised: September 2017  
Page 122 of 179





To review a placement, the analyst would click on the magnifying glass to open the screen below:

Upon reviewing the placement, if the placement is appropriate and verified, the analyst would mark the record as “Verified by Email”. When the verification is done via telephone, the record would be marked as “Verified by Contact”. If the placement does not meet the necessary criteria as stated below, then the analyst would comment as to why the placement is invalid and click the “Mark Invalid” button.

**It is critical that a detailed comment is made for the record and to inform the campus of the reasons behind the action (to educate and modify any unwanted behavior).**

In order to ensure consistency in the review process, when cases arise that question the validity of the placement, the analyst may request assistance from a member of the leadership team by selecting “Need Assistance” in the verification window:



Administrators would then access the Need Assistance section of the system to review the concern and comments and provide feedback to the analyst about the validity of the placement. It is critical that the manager provides details on why the placement is or is not acceptable to provide guidance to the analyst and to help craft the External Comment seen by the campus:

Graduates and employers are able to request a phone call in lieu of responding to the email verification. These are viewable via the **Call Request** section of the portal and are automatically entered into a calendar for the Analyst. These phone calls are generally in lieu of using the email



or if the graduate has questions. Calls are only able to be requested during normal business hours, Monday – Friday.

ID	Location	Name	Phone Number	Email Address	Date and Time Requested	Status
1000001	University of Toronto	John Doe	416-593-8271	john.doe@utoronto.ca	September 27, 2017 9:00 AM	Pending
1000002	University of Toronto	Jane Smith	416-593-8271	jane.smith@utoronto.ca	September 27, 2017 9:00 AM	Pending
1000003	University of Toronto	John Doe	416-593-8271	john.doe@utoronto.ca	September 27, 2017 9:00 AM	Pending

There are a number of reports available, for analysts and managers alike, to monitor the verification and validation activity by campus or all institutions. These include:

- ACICS Verification
- ACICS Totals
- Contested Placement Report
- Corrections Report

There are also reports to assess the integrity of the data submitted as well:

- Contradiction Report: to track any discrepancies between graduate and employer responses.
- Fraud Check: to ensure that the IP addresses of the PVP submitter, graduate, and/or employer are not the same (except if they are employed by the campus). This check is conducted by the IT manager and reported to the PVP review team.

## Placements Rejected

Even in cases where the graduate and/or employer have verified a placement, ACICS may deem a placement invalid for the following reasons:

- The placement is reported for a position previously held (prior to graduation) with no evidence of skill enhancement or benefit.
- There is no evidence that role is utilizing predominant amount of skills obtained from their program. Some examples may include:





- Medical assistant - phlebotomist, mental health tech; donor tech, home aide, etc.
- Nurse – Certified Nursing Assistant (CNA)
- Criminal Justice - security guard/officer
- Cosmetology/Esthetician – Mary Kay, salon receptionist
- Culinary – fast food cook
- EMT/Paramedic – driver

Additionally, placements will be rejected when:

- The position is not sustainable (temporary, only lasted a few days).
- The graduate and employer contradict each other.
- The graduate and/or employer update the title or skill and there is no match.
- The graduate or employer does not verify the placement before the closing of that CAR period.

### **Contested Placement Review**

Contested placements are reviewed by the Panel to determine whether the documentation provided addressed the original concern when the placement was rejected and/or demonstrated the appropriateness of the placement that was missed during the verification process. Via the **Contested Placement** section, the reviewer will see the contested listing which can be sorted by a number of fields including date of contest, institution, program, and placement date.

As part of its review, the Panel will consider the following:

- The documentation included a position description from the employer that clearly outlines a predominant use of skills from the program.
- The documentation includes signed employer/graduate attestation of employment in instances where the party may have clicked the “not correct” in error.

However, the following will NOT be accepted:

- Verbal verification (on campus forms) from the graduate/employer
- Third-party verification forms
- Institutional verification forms or graduate/employer surveys





It is critical that a detailed comment is made for the record and to inform the campus of the reasons behind the action (to educate and modify any unwanted behavior).

### Data Integrity Review

On an annual basis, the PVP review team will meet with leadership to evaluate the reliability of the placement data being reported by campuses and the instances of invalid placements. **(ACICS Totals Report)**







This can also be done at the campus level, which is s provided to the administrators and included in the team's report:

ACICS ID	Institution Name	Total Placements	Verified	Verified %	Invalid	Invalid %	Not Verified	Not Verified %
00010091	Dewey University- Hato Rey Campus	111	58	52%	3	3%	50	45%
00010096	Pinnacle Career Institute	20	12	60%	0	0%	8	40%
00010101	Everest University - Brandon	58	37	64%	0	0%	21	36%
00010106	Cape Institute	8	6	75%	0	0%	2	25%
00010123	Bedfield College	142	110	77%	2	1%	30	21%
00010126	Everest University - Pompano Beach	59	35	59%	2	3%	22	37%
00010128	Bryant University	31	19	61%	4	13%	8	26%
00010133	Hickey College	219	183	83%	10	5%	26	13%
00010139	National College	24	14	58%	1	4%	9	38%
00010142	Daymar College	22	8	36%	2	9%	12	55%
00010147	American National University	15	8	53%	0	0%	7	47%
00010154	American National University	10	7	70%	1	10%	2	20%
00010164	Brightwood College	238	164	69%	6	3%	68	29%
00010165	Brown Mackie College - Findlay	56	47	84%	0	0%	9	16%
00010190	EDUC College	247	188	76%	26	11%	33	13%
00010191	King's College	232	206	89%	7	4%	17	7%
00010193	Lincoln University	0	0	0%	0	0%	0	0%
00010215	Long Island Business Institute	10	6	60%	0	0%	4	40%
00010218	Brown Mackie College - Fort Wayne	43	40	93%	0	0%	3	7%
00010219	Everest College	68	40	59%	0	0%	28	41%
00010233	Miller Motte College	316	240	76%	20	6%	56	18%
00010250	American National University	21	9	43%	0	0%	12	57%
00010251	Daymar College	10	5	50%	0	0%	5	50%

These reports and observations will be presented to the Council, as appropriate, for consideration of strengthening and enhancing placement definitions, expectations of employment, revisions of outcomes standards, and implementing enforcement actions based on PVP results.



## **CHAPTER 40: POLICY DEVELOPMENT AND REVIEW**

### **INTRODUCTION**

To help institutions and peer evaluators meet their responsibilities in conducting the accreditation process, ACICS has developed and periodically has revised a set of policies, procedures, and standards governing these activities. Collectively, they comprise the “Accreditation Criteria” which, when complied with by institutions, results in the awarding of accreditation. This document is updated following each Council meeting to incorporate all changes agreed to by the institutions since the last published edition, as well as any editorial and organizational modifications.

The responsibility for conducting appropriate research and propose policies for consideration by the Council is one of the primary responsibilities of staff.

### **PROCEDURES**

The need for the development or review of existing policies may originate from the following sources: (1) member institutions; (2) Council members; (3) the Intermediate Review Committee and Council committees; (4) evaluators; (5) ACICS staff; (6) the U. S. Department of Education, state higher education licensing agencies, and other regulatory agencies. Staff members may be called upon by the President to explore further the need for the revision of existing policy or development of new policy and propose policy for the initial consideration of the President. The internal mechanisms for ensuring wide participation and input to this process are explained in this section.

### **POLICY DEVELOPMENT MEETINGS**

The Council reviews and acts on proposals to modify the *Accreditation Criteria* at each of three regular file and policy review meetings and its annual policy and planning meeting. However to ensure that dedicated time is committed to policy development, the Council holds an annual Policy Meeting in the Winter to conduct its Systematic Review of Criteria, as outlined below.



## SYSTEMATIC REVIEW

An assigned staff member conducts a survey of various constituencies each fall regarding certain sections of the *Accreditation Criteria*. Suggestions for improving the currency, relevance or consistency of the *Criteria* are reported to the Council at its December meeting for future review, and substantive issues are placed on the agenda for the next year's policy and planning meeting in February. Special reviews, sometimes involving ad hoc committees and external consultants, are utilized to supplement the systematic review process.

The constant, systematic review of the *Accreditation Criteria* has as large a role at each tri-annual meeting of the Council as the Council's review of institution files, in order to ensure that the standards for which ACICS institutions are being reviewed are adequate to evaluate the quality of the education and training provided by its institutions, and relevant to the current educational and training needs of its student population. In addition, the Council meets for two supplementary days at a meeting, in February, prior to its first meeting in April, to discuss policy items on ACICS standards and procedures which will dominate its conversation and actions over the subsequent year.

ACICS' policy development and implementation plan for each year follows the general outline below but is subject to change based on immediate need and attention:

Major Events	Recommended Activities
<b>FEBRUARY POLICY COUNCIL</b>	<ul style="list-style-type: none"><li>• Identify need for new or revised standards and criteria</li><li>• Consider input from the field on systematic review of criteria</li><li>• Assemble Commissioners' initial input to the crafting of new criteria</li><li>• Establish <i>ad hoc</i> committees if needed and assign staff to coordinate research and development of proposed policy</li><li>• Unless required to meet regulatory deadlines, refrain from voting on any final criteria to eliminate the need for a Memo to the Field prior to the April meeting</li></ul>
<b>APRIL COUNCIL SESSION</b>	<ul style="list-style-type: none"><li>• Present <b>Policy Discussion</b> proposals</li><li>• Get Council and staff input and revise proposals accordingly</li><li>• Present supporting research data and impact analysis</li></ul>





<b>AUGUST COUNCIL SESSION</b>	<ul style="list-style-type: none"><li>• Present <b>Policy Decision</b> proposals</li><li>• Vote on proposals for publication in the Memorandum to the Field <i><b>Note: Publish Memo to the Field and conduct webinar to clarify or answer any questions concerning the proposed standards</b></i></li></ul>
<b>DECEMBER COUNCIL SESSION</b>	<ul style="list-style-type: none"><li>• Analyze input from the field on proposed criteria</li><li>• Revise proposed policy as needed, based on public input</li><li>• Vote on final criteria and identify effective dates <i><b>Note: Revise Evaluator Templates and quality assurance processes for the following Winter review cycle to reflect any updated Criteria. Train staff, evaluators and chairs on the changes</b></i></li></ul>
<b>Publication of the Annual ACICS Accreditation Criteria and Effective Dates for Policy Implementation</b>	<ul style="list-style-type: none"><li>• Publish the annual <i>ACICS Accreditation Criteria</i> for the new year in January and clearly identify effective dates</li><li>• Designate <b>JULY 1</b> following the December Council as the general effective date of new or revised Criteria <i><b>Note: The Council may vote an extra year's lead time for selected policies—July 1 of the following year.</b></i></li></ul>

## **POLICY ACTION/DECISION OUTLINES AND BINDER**

Proposed changes to Sections of the *Accreditation Criteria* are described in writing in the form of policy action/decision outlines. Policy discussion outlines are used for issues that may not be developed enough for action. The agendas for all Council committee and full Council meetings along with all policy outlines, reports, commentary and other materials are provided to commissioners and staff in a policy binder for each meeting.

## **STAFF POLICY REVIEW**

ACICS staff draft, review and contribute to the development of policy outlines, as suggested by commissioners, directors and the staff policy workgroup. The directors review policy issues in their meetings and join staff to review draft policy materials at a staff policy meeting prior to each Council meeting.

## **COUNCIL MINUTES**

Following each meeting of the Council, formal minutes recording the actions that are taken on each of the policy issues are drafted and distributed. The minutes are then reviewed, revised as necessary, and approved at the next meeting of the Council.



## **MEMORANDUM TO THE FIELD**

Based upon the Council minutes, a Memorandum to the Field is posted on the website and a message is sent by email to institutional members and others informing them of changes to the Accreditation Criteria (final and proposed) as well as providing information on other Council actions.

## **AWARE WEBINAR**

Based upon the Memorandum to the Field, a webinar (ACICS Webinar to Announce, Relate and Educate) is held in order to provide information and answer questions about Council actions, primarily regarding policy updates, and activities. Staff leads, along with leadership, summarizes the final and proposed changes, informational items, and provide guidance on questions asked. This Webinar is facilitated through Go-to-Webinar and scheduled and managed by the Manager of Institutional Compliance.

## **COMMENTS ON PROPOSED POLICY CHANGES**

The Memorandum to the Field includes a form on which institutions and others are encouraged to provide comments regarding each of the proposed changes to the criteria. Participants in the AWARE Webinar are also encouraged to use the form to provide written comments. In order to allow adequate time for participants to review proposals and respond, the deadline for submitting comments is at least 30 days after posting of the Memorandum to the Field.

All comments that are received by the published deadline are included, without editing, in the Council's Policy Binder. In addition, comments are mentioned, and where appropriate they are analyzed in the relevant policy outlines, so that the Council can take them into account when deciding to approve a proposed change.

## **ACICS ACCREDITATION CRITERIA**

Following each Council meeting, based upon the Minutes of the meeting, the *Accreditation Criteria* are revised by ACICS staff to include any changes approved as final and effective prior to the next Council meeting. The *Criteria* are posted on the website and are provided to staff, evaluators, IRC members and commissioners, as needed.



## **CHAPTER 41: PROGRAM TERMINATIONS**

### **INTRODUCTION**

ACICS maintains detailed records of the program offerings at institutions. If a program is discontinued, it is important for ACICS to be notified in a timely manner by requiring campuses to submit formal notice to ACICS via a Program Termination Application. (*Accreditation Criteria* - Section 2-2-503 Termination of Programs).

### **PROCEDURES**

If the campus is teaching-out a program, the same process applies; however, the institution must list the program in *Part II-A-Programs In Teach-Out*, on the application. Once the teach-out is complete, the campus will need to re-submit the Program Termination Application to officially terminate the program.

#### **STEP ONE – SUBMISSION OF APPLICATION**

To submit an application, the institution, or campus, logs into the ACICS Member Center and clicks beside *View/Add/Modify Programs by Location*; select the campus location; click on the program that is being terminated; then select “to terminate the program”; finally, upload the requested documentation into the Program Termination Application and proceed to check out. In order to track this process, an application must be submitted but this is a zero-fee application.

#### **STEP TWO – STAFF REVIEW AND APPROVAL**

If all of the required materials are not submitted, staff contacts the campus via e-mail for the missing elements and places the application on hold until the missing documents have been received. On a weekly basis, staff must log into the Member Center Analyst Dashboard to check for new Program Termination Application submissions. Upon receipt, staff reviews the completed application and supporting documentation for compliance with *Accreditation Criteria* and determines if the change is appropriate. If the requested change is found to be in compliance





with the *Accreditation Criteria*, an approval letter, U:\Programs\Program Discontinuation and Surrender (Terminations), is generated, turned into a PDF File, and e-mailed to the institution.

### **STEP THREE – DOCUMENT MANAGEMENT AND APPLICATION COMPLETION**

Staff uploads the approval letter into the Program Termination Application in the Member Center and changes the application status to Approved. Then, in Personify, staff changes the program status to either discontinued or surrendered, along with the termination date, which is inputted into the *Valid Until Date*. If the program is in teach-out, staff makes note of the teach-out in the *Note* line and leaves the program as active. Once the program is officially terminated, the school will re-submit a Program Termination Application and staff will officially discontinue the program.

The program information is viewable via the ACICS Institutional Directory online so it is critical that it is **always** accurate and reflects the current activity at the campus.



## CHAPTER 42: RECLASSIFICATION OF CAMPUSES

### INTRODUCTION

Reclassification of campuses is a process by which owning entities change the current main-branch structure of their campuses with ACICS. It is important to note that the main-branch structure adopted by ACICS is mostly for the agency's use; schools must still be individually licensed in the state where they are located, regardless of their "main" or "branch" status, and most states do not even recognize the structure, and have no process for reclassification. Owning entities can choose to switch the main and branch for a group, or move current branches from one main to another (*Accreditation Criteria – 2-2-200 – Redesignation of Campuses*).

### PROCEDURES

#### STEP ONE – SUBMISSION OF APPLICATION

To submit an application, the institution, or campus, logs into the ACICS Member Center and clicks on the applicable Redesignation Application: *Realignment of a Branch Campus*; *Reclassification of a Branch Campus to Main Campus*; and *Reassignment and Consolidation of Campuses*. Once the correct application is identified, completed, and supporting documentation uploaded, the campus remits the appropriate fee for submission and staff review.

- *Realignment of Branch Campuses* involves realigning a branch campus from one main to another main campus; this activity does not include a consolidation action.
- *Reclassification of a Branch Campus to Main Campus* activity involves a branch campus requesting to become the main campus; the main campus has to have been operating as an accredited location for at least two years and must submit audited financial statement.
- *Reassignment and Consolidation of Campuses* involves collapsing institutional groupings and reassigning branch campuses to a new consolidated main campus.



For all Redesignation Applications, documentation required includes the application, evidence of state approval, notification of correspondence with the Department of Education-Title IV, and audited financials. NOTE--Approval will not be granted unless all of the above elements are received. In cases where the state requires approval from the accrediting agency before it will grant approval, the institution must present evidence from the state in which accreditor approval is required before final approval can be granted.

#### **STEP TWO – STAFF REVIEW AND APPROVAL**

If all of the above components are not submitted, staff contacts the institution (since redesignation must be made by the main campus of the institution) via e-mail for the missing elements and places the application on hold until the missing documents have been received. **If the requested information is not received within two weeks of communication, the application will be withdrawn.**

On a weekly basis, staff must log into the Member Center Analyst Dashboard to check for new Redesignation Applications submissions. Upon receipt, staff reviews the completed application and supporting documentation for compliance with the *Accreditation Criteria* and determines if the change is appropriate. If the requested change is found to be in compliance with the *Accreditation Criteria*, an approval letter, U:\COUNCIL\ Realignment of Branch Campus; U:\COUNCIL\Reassignment and Consolidation; U:\COUNCIL\ Reclassification of a Branch Campus to Main Campus, is generated, turned into a PDF file, e-mailed to the institution, and copied to the U.S. Department of Education representative (included in the template), the appropriate U.S. Department of Education School Participation Team representative (found in the most recent Directory of Higher Education Officials), and the appropriate state representative (found in the most recent Directory of Higher Education Officials).

#### **STEP FOUR – DOCUMENT MANAGEMENT AND APPLICATION COMPLETION**

Staff uploads the approval letter into the Redesignation Application (*Realignment of a Branch Campus; Reclassification of a Branch Campus to Main Campus; and Reassignment and Consolidation of Campuses*) in the Member Center and changes the application status to Approved.





## **CHAPTER 43: RENEWAL OF ACCREDITATION APPLICATION PROCESS**

### **INTRODUCTION**

Institutions currently accredited by ACICS have to be periodically evaluated to assure the continuity of quality education and compliance with the *Accreditation Criteria*. This process is managed by the accreditation coordinators whose primary responsibility is to conduct institutional evaluations and follow a very consistent process. The appropriate policy is outlined in Section 2-1-300 of the *Accreditation Criteria*.

### **PROCEDURES**

#### **STEP ONE- INVITATION TO REAPPLY**

It is the responsibility of the institution to reapply for continued accreditation by the submission of the renewal of accreditation application three months prior to the scheduled evaluation cycle. In the spring, a year prior to the evaluation period, ACICS will send a notification to the institutions reminding them of the impending expiration and the need to reapply. The evaluation schedule for that year is, at that time, provided to the web site coordinator for publication on the web site at <http://www.acics.org/commission%20actions/content.aspx?id=6263>. This list is posted with the following accompanying statement: "Members of the public, industry members, and other third parties are invited to submit comments on any institution that is a candidate for ACICS accreditation by emailing them to [comments@acics.org](mailto:comments@acics.org)."

#### **STEP TWO: APPLICATION**

The application for a new grant of accreditation is prepared and submitted electronically via the campus's account on the ACICS Web site. Every campus of an institution must have a username and password in order to access the account to initiate the process. Alternatively, the main campus may complete the submission for all its related campuses and remit the associated



fees via check. Coordination with the Accounting Department will be necessary to facilitate this method. The associated application costs for each campus (both main and branches) as well as any applicable surcharges are outlined in the *ACICS Schedule of Fees* which is on the web site.

Institutions may request an extension for the submission of the Self-Study for extenuating circumstances. Extensions should be submitted in writing and are granted on a case-by-case basis.

If the application is not submitted by the due date, as outlined in the institution's notice, and the institution has not formally requested an extension, or notified ACICS of its intent to voluntarily withdraw its accreditation, the institution will be found to be out of compliance and be issued a compliance warning or show-cause directive.

### **STEP THREE: REVIEW OF APPLICATION**

The renewal of accreditation application, which includes the self-study, submissions will be tracked and assigned for review by a designated staff member. Applications are located, and accessible via the admin log in of Member Center, under the Renewal of Accreditation Application section of the Analyst Dashboard. Applications are reviewed to verify that all documents are complete and accurate. When the self-study review is complete, a visit project is created in Personify for the appropriate evaluation cycle.

### **STEP FOUR – SCHEDULE VISIT**

Institutions, including all locations, will be contacted by a staff member to schedule the visit approximately two months before the anticipated visit date, once the visit assignment process has been completed by the executive leadership. Payment of visit-related fees must be remitted prior to the visit taking place and invoices will be sent no later than three weeks prior to the visit, at the same time as the visit memo.

A institution's failure to pay the visit fees is subject to a revocation action consistent with Section 2-3-401(d) of the *Accreditation Criteria*. An institution that fails to respond to, or cooperate with attempts by the Council to make arrangements for a site visit is subject to a Withdrawal by Suspension action, as outlined in Section 2-3-402(d).

More details on the visit management processes are outlined in the Accreditation Coordinator Manual, one item of which is a requirement for an institution to distribute the



ACICS Call for Comments survey to its faculty, staff and students, prior to an evaluation visit.

The survey is located

here: <https://membercenter.acics.org/Lists/Call%20for%20Comment/NewForm.aspx?isdlg=1&source=/>

The Call for Comments is a tool used by ACICS to gather supplemental feedback which may inform the evaluation team's review.





## CHAPTER 44: REVIEW BOARD OF APPEALS

### INTRODUCTION

The Review Board appeal process is governed by the provisions of Section 2-3-600 of the *Accreditation Criteria*. Council actions denying an initial grant of accreditation (Section 2-3-301); a renewal of accreditation, branch inclusion, or a reinstatement of accreditation following a change of ownership or control (Section 2-3-302); and withdrawal of accreditation by suspension (Section 2-3-402), including the withdrawal of the inclusion of a branch campus within its institution's grant of accreditation, are subject to appeal by the institution to the Review Board of Appeals (Sections 2-3-600, 601, and 603). The Review Board of Appeals is a separate, independent appeals body established by the Council for the purpose of hearing appeals by institutions in the situations identified above (Section 2-3-601). Review by the Review Board is limited to only the documents, evidence, and written record of proceedings before the Council, and a hearing panel of the Review Board acts on behalf of the full Review Board (Section 2-3-603).

The authority of the Review Board is authorized to affirm the decision of the Council (Section 2-3-603(a)), amend the decision of the Council (Section 2-3-603(b)), reverse the decision of the Council (Section 2-3-603(c)), or remand the matter to the Council for further consideration (Section 2-3-603(d)). A determination to remand may be based upon a finding that the Council's decision was arbitrary, capricious, or otherwise in substantial disregard of the *Accreditation Criteria* (Section 2-3-603(a)), or was not supported by substantial evidence in the record on which the Council took the negative action (Section 2-3-603(b)).

A board consisting of fifteen (15) or more members with three-year terms is appointed by the Council upon recommendations from the Council and ACICS staff, and acceptance of the invitation to serve on the Review Board of Appeals by the nominee. The board members shall include at least three (3) public members, two (2) academic members, and two (2) administrative members. Board members must receive training which focuses on the documentation of the entire accreditation process as well as Council actions, the Review Board structure and process, and the specific duties and responsibilities of the Review Board members.



An institution is notified of an action by the Council that is subject to appeal to the Review Board by an action letter sent by overnight delivery and e-mail, with delivery and read receipts requested. The institution's appeal notice (and accompanying fee of \$10,000) must be received within ten (10) business days of the institution's receipt of the action letter from the Council (Section 2-3-604)

Hearings are organized to provide approximately an hour and a half for the institution's presentation, Council's presentation, questions by the members of the panel, and a rebuttal from the institution or Council, if desired. Further information on the Review Board hearing procedures are listed in Chapter 26: Hearing Proceedings.

The Review Board panel's decision is transmitted to the Council for disposition and publication. If the Review Board affirms the prior action of the Council, the Council's action is final and immediate publication of that action is automatic. If the Review Board remands the matter to the Council for further consideration, the case is deemed finally disposed of when the Council takes final action on remand. (Section 2-3-607). A decision to reverse the Council's action is final and appropriate notifications will proceed.

## **PROCEDURES**

### **PANEL MEMBER/STAFF/CONSULTANT ROLES**

#### **A. Presiding Panel Member**

A presiding member (or "chair") of the hearing panel will be appointed at the time that assignments to the hearing panel are made. The chair handles procedural aspects of the hearing. The chair will call the hearing to order, identify the issues in controversy, and review the appropriate procedures concerning the hearing. The chair also will call upon the panel members for questions. The chair will keep track of the time to ensure that the allotted time is not exceeded, will adjourn the hearing at the appropriate time, and will maintain decorum throughout the hearing. The chair is an equal member of the hearing panel and, thus, may take part in the questioning process and will participate in the deliberation and vote. The chair is responsible for drafting, or assigning another panel member to draft, the letter to the institution and the Council containing the final determination of the Review Board.



### **Summary of chairperson's responsibilities:**

- Use the Review Board Chair script that is provided by staff.
- Keep track of time and announce the mid-point each party's designated amount of time during the hearing.
- Engage as a member of the Review Board panel.
  - Ask questions, as necessary or as assigned.
  - Participate in the deliberation and decision making process.
- Draft, or assign another panel member to do so, the letter setting forth the Review Board's final determination.

### **B. Panel Members**

All Review Board members selected to serve on a panel are considered panel members, although the chair has additional duties. Panel members are assigned from the pool of fifteen Review Board members by the Director of Quality Assurance and/or the President. Panel members should ask questions developed prior to the hearing based on their assigned areas, should be attentive to the institution's presentation, and should be prepared to ask questions, as pertinent, based on the institution's presentation or responses to questions. As in the review of institutions, a panel member having any interest in an institution appearing before the Review Board or who for other reasons feels it would not be proper to participate on a particular panel will be excused from the hearing. In most cases, conflicts will be made known to staff following selection for hearing panel assignments, and exclusion from the panel will be arranged well in advance of the hearing.

#### **Summary of panel member's responsibilities:**

- Review entire hearing file, concentrating on assigned areas if assignments have been made.
- Prepare questions based on individual review of hearing file.
- Ask questions and make clarifying comments during hearing.
- Take notes, as necessary, regarding the institution's responses.
- Participate in the deliberation and decision making processes.
- Draft dissenting opinion, if appropriate.

### **C. General Counsel**





The General Counsel reviews all hearing files prior to the Review Board meeting and is present during all Review Board hearings. The General Counsel represents the Council at Review Board hearings. As the Council's representative, the General Counsel drafts the brief on behalf of the Council, presents the Council's position and arguments to the Review Board, and may ask pertinent legal and procedural questions during the hearing.

#### **D. Staff**

One staff member normally is responsible for the development of each hearing file, and may also be the staff member responsible for Review Board hearing assignments and procedures. Staff do not take an active role in hearings, although the assigned staff member responsible for the hearing is present and available to assist throughout the hearing.

#### **Summary of staff responsibilities:**

##### **1. Staff member responsible for development of *Record Under Review* Binder:**

- At least two weeks prior to the hearing, prepare electronic hearing summary and binders (see Hearing File Preparation Guidelines). A copy of the hearing materials is delivered by UPS delivery to each Review Board member assigned to the hearing panel, as well as to legal counsel and the accountant, if appropriate, at least one week before the hearing is to be held. The electronic hearing binder contains: a hearing summary in narrative form, dated and signed by the drafting staff member, that identifies the history of the institution, the Council's actions and the grounds for those actions, and the institution's responses leading to the hearing; an index of exhibits, identifying the contents of the binder; all Council action letters regarding the institution; and relevant institutional notices, written opening statements, responses, exhibits, correspondence, annual institutional reports, annual financial reports, and other pertinent documents relating to the institution and the hearing.
- Serve as resource to the General Counsel and Accountant throughout hearing process.
- Ensure chair person has appropriate script and court reporter has all necessary information.
- Coordinate room set-up (name tags, appropriate number of chairs, fresh water and glasses, copies of *Accreditation Criteria*, hearing files, school files, etc.).



- Collect exhibits offered to the panel members from the institution's representatives during the hearing. File exhibits in the institution's file after the hearing.
2. Designated staff member (who may also be responsible for the institutional file) responsible for hearing assignments and procedures:
- Receive from the institution and file the notice of appeal or notice of intent to appear before the Review Board in response to the Council's final denial action. Verify receipt of the appropriate appeal fee. If no response is received from an institution ten business days after receipt by the institution of the Council's action letter, the action is final and the website must be updated to reflect the finality of the adverse action. If an intent to appeal is received with the fee, send the Acknowledgment of Intent to Appeal Council Action letter which provides basic information on the appeals process.
  - At least four weeks prior to the scheduled hearing date, send the institution's designated contact person the letter which identifies the appropriate day, time, and names of the Review Board of Appeals members who will serve on the hearing panel. At least four Review Board members are assigned to each hearing panel. Also enclosed with the letter is the appropriate copy of the "HEARING STIPULATION Review Board Hearing" for execution and return by the institution.
  - Two to four weeks prior to a scheduled hearing, schedule a court reporter to appear at the date, time, and location of the hearing. During the week prior to the hearing, verify the court reporter's scheduled appearance at the hearing. At the hearing the court reporter is presented with a cover sheet identifying by name: ACICS, the institution, the hearing panel members, and staff members present during the hearing. The court reporter is asked to provide an original and one copy of the transcript, along with an electronic file containing the transcript. When received, the original transcript is filed in ACICS' library. The transcript copy is placed in the institution's file.
  - Receive from the General Counsel and from the institution and transmit to the General Counsel, the institution, and the panel members, copies of all briefs and other notices and documents.



- Prepare and present to the panel chair, prior to the hearing, the Review Board Chair script. The script includes information concerning the prosecution of the hearing, order of presentation, post-hearing process, and the rules of conduct to be followed during the hearing.
- Prior to the hearing, ensure that the Panel has had an orientation on their responsibilities, consistent with the expectations outlined in the Review Board Training Manual, and that all necessary attestations and conflict of interest forms have been submitted to ACICS for the record.
- Prior to the hearing, meet with representatives of the institution to assist with providing an overview of the hearing process and to answer questions. This review includes: an explanation of the presence and role of the court reporter; an explanation of the evidentiary rules in effect and that no additional documentation or evidence may be submitted to the hearing panel; a review of the process for opening and closing statements, the order of presentation, and the examination of the institution's representatives by the hearing panel; and answering any questions that the institution's representatives might have.
- Escort the representatives into the hearing room when the panel members are ready to begin the hearing and escort the institution's representatives out of the hearing room at the conclusion of the hearing.
- After the panel has concluded its deliberations, collect the executed decision letter from the chairperson of the Review Board panel. Mail a copy of the decision letter by overnight delivery and e-mail, return receipt requested, to the institution. If the decision is an affirmation of the Council's negative action, notify the United States Department of Education, the public, and other interested parties of the Review Board's decision within twenty-four hours. Assure that notice of the decision is posted on the ACICS web site at [www.acics.org](http://www.acics.org).

## **V. HEARING PROCEDURES**

Hearing procedures are captured in the [Hearing Proceedings](#) chapter of this document.





## **CHAPTER 45: STAFF RECRUITMENT, ONBOARDING, AND TRAINING**

### **INTRODUCTION**

In order to carry out its mission, ACICS employs a team of professional staff to support the Council. This section highlights the ACICS recruitment and onboarding processes through the office of human resources, as well as the professional development opportunities provided. Specific training manuals are coordinated under the respective departments.

### **PROCEDURES**

#### **1. STAFF RECRUITMENT**

Requests for filling approved, budgeted, and vacated positions are handled by the President and the Senior Human Resource Coordinator. Vacant positions will be posted, as appropriate, for the information of all employees. Beginning compensation packages must be approved by the President before formal offers of employment are made.

##### **A. Internal Recruiting**

ACICS supports advancement opportunities for its employees and encourages qualified employees to apply for open positions. An employee's current status will not be prejudiced by either the expression of interest in or application for an open position. Qualifications for promotions will be based on position requirements, the demonstrated capabilities of the employee, and in compliance with our Equal Employment Opportunity policy.

Employees may apply for open positions for which they feel qualified. When application is made for an open position, employees should contact their supervisor to discuss their interest and should contact the Senior Human Resource Coordinator to discuss, informally, the position requirements and duties.



## **B. External Recruiting**

Open positions are advertised on ACICS' website, external job boards (i.e. LinkedIn, Monster.com, and Career Builder.com), and with local employment and temporary agencies, as the budget permits. The Senior Human Resource Coordinator will review all submitted applications.

## **NEW HIRES**

All offers of employment are contingent on the verification of the individual's rights to accept employment and work in the United States. All new employees will be required to provide documentation in order to permit ACICS to complete employment verification as required by federal law. If individuals are unable to verify their employment eligibility or, where appropriate, their continued eligibility to engage in employment, ACICS may be required to terminate their employment.

Upon the commencement of their employment, all new-hires will receive a three-month, six-month, and one- year performance review from their direct supervisor.

## **CONTINUOUS TRAINING & DEVELOPMENT**

### **1. PROFESSIONAL DEVELOPMENT**

ACICS supports the continued intellectual growth of each employee. Full Time regular employees in good standing, with at least one year of employment are eligible, to the extent that ACICS funds are available, for the following professional development assistance:

A. ACICS professional development prepaid programs are free to the employee and attendance is scheduled at the convenience of the employee and immediate supervisor. Proof of attendance will be submitted to the Senior Human Resource Coordinator to be filed in employee's folder.

B. Seminars and workshops fees (including travel and lodging) up to \$2,500 a fiscal year for full time employees.



1. Employee will submit a Professional Development Approval Request form with a printout of seminar brochure or informational website and estimated cost of program (including travel and lodging) to immediate supervisor and President prior to enrolling in seminar.
2. Employee may take the seminars on company time and will schedule seminars at the convenience of their ACICS work schedule.
3. Proof of attendance will be submitted to the Senior Human Resource Coordinator to be filed in employee's folder.
4. The cost of pursuing or maintaining a certification or license (such as Notary Public) for the benefit of ACICS will not be calculated in the \$2,500 limit.
5. Part-time employees' participation in seminars and workshops will be considered on a case by case basis.
6. If an employee chooses to leave ACICS voluntarily, all seminars, workshops, and/or certification payments made within six months preceding the departure of an employee must be repaid to ACICS. The six month repayment period starts on the last day of the seminar, workshop, and/or certification program attended or the payment date, whichever is later.

C. Employees tuition assistance is available for full time employees up to \$5,000 per fiscal year for programs of study leading to an undergraduate and/or graduate degree related to ACICS activities. It is expected that skills learned will improve productivity in the employee's current position.

1. Employee will submit a Professional Development Approval Request form, degree plan, and a letter of acceptance into a program of study leading to a degree to the immediate supervisor and President. These forms must be submitted prior to enrolling in classes accompanied by an explanation of how the degree will enhance the skills and knowledge that the employee uses in his/her position with ACICS.

- a. Eligible courses will be taken on the employee's own time and from an institution accredited by a U.S. Department of Education recognized accrediting agency.

- b. Employees may not have more than two courses reimbursed per academic term.





## 2. Tuition Reimbursement -

- a. Does not include costs for books or equipment but it may include registration and laboratory fees.
  - b. Will be made for tuition costs upon receipt of verification that courses have been completed with grades of “C” or above for undergraduate courses and “B” or above for graduate courses.
  - c. Will only be made upon the completion of the course and the submission to accounting of a request for reimbursement with the original grade report attached (the original will be copied and returned).
3. Part-time employees’ participation in tuition reimbursement will be considered on a case by case basis.
  4. If an employee chooses to leave ACICS voluntarily, all tuition reimbursements made within six months preceding the departure of an employee must be repaid to ACICS. The six month repayment period starts on the last day of the course attended or the tuition payment date, whichever is later.

## 2. **ALL STAFF MEETING**

All Staff meetings are scheduled on a regular basis for the benefits of exchanging information, training, and developing staff. Attendance for All Staff meetings is encouraged for all employees. Excused absence from All Staff meetings will be obtained in advance at the discretion of the President.



## CHAPTER 46: STANDING COMMITTEES OF THE BOARD OF DIRECTORS

### INTRODUCTION

In addition to the [Executive Committee](#) (Chapter 22), there are a number of Standing Committees of the Board, established to serve a variety of purposes as set forth in the Bylaws (*Accreditation Criteria* – Appendix A, Bylaws, Article V, Section 2).

### COMMITTEES

- (a) *Audit Committee.* The Audit Committee shall consist of a minimum of three members of the Board, including the Treasurer, as well as such other members as the Chair appoints. The committee shall work with the President to ensure an annual certified audit of the organization's financial activities is completed, that the findings of the audit are reviewed, and that actions are taken to address recommendations and areas of concern identified as part of the audit process.
- (b) *Investment Committee.* The Investment Committee shall consist of the President, a minimum of three other members of the Board, including the Treasurer, and such other members as the Chair appoints. The Investment Committee shall work with the President to provide oversight of ACICS's investment funds. The Investment Committee shall select investment advisors, develop an investment plan, and review investment reports at least annually.
- (c) *Governance Committee.* The Governance Committee shall consist of commissioners appointed by the Chair of the Council and Board. The mission of the committee is to ensure that ACICS operates within the construct of the Bylaws. The committee will evaluate and make recommendations for modifications to the Bylaws in response to proposed changes in standards or operational policies at ACICS.
- (d) *Board of Ethics.* The Board of Ethics shall consist of three individuals selected by the Board consisting of two independent, public members and one member affiliated with an



ACICS institution. The Board will have the authority to review perceived or actual conflicts of interest by a commissioner or Director and decide if the individual is to be directed to resign.

## **PROCEDURES**

Members will be appointed to serve in line with the needs of each committee. Because the Board of Ethics is independent, with no Board representative, the procedures established to govern its review are outlined in the *Board of Ethics Training Manual*.





## **CHAPTER 47: STUDENT ACHIEVEMENT REVIEW & MONITORING**

### **INTRODUCTION**

Requirements imposed by ACICS on all institutions enable the analysis and tracking of key performance indicators that represent bright line standards for retaining accreditation. Institutions that fall below specified standards for institutional effectiveness risk sanctions and penalties, including financial, administrative and ultimately loss of accreditation. In order to apply the information provided annually by institutions to a thoughtful review of their effectiveness, the Council requires and specifies how and when the information will be collected, tabulated and analyzed. This section describes the appropriate steps in its analysis and presentation to the Council for review following the submission through the [Campus Accountability Report](#) (*Accreditation Criteria - Sections 2-1-809 and 3-1-441(b)(c) & Appendix L*).

### **PROCEDURE**

#### **REVIEW OF STUDENT ACHIEVEMENT OUTCOMES - RETENTION, PLACEMENT AND LICENSURE RATES**

In preparation for each December Council meeting, the Senior Manager of Institutional and Program Review will compile and analyze data on all ACICS member institutions. These data are provided to the [Institutional Effectiveness Committee \(IEC\)](#) for its evaluation of, and action on, campus and program level performance.

#### **STUDENT ACHIEVEMENT REVIEW ACTIONS**

The Senior Manager of Institutional and Program Review presents reports that list rates for campuses and programs that are below benchmark or the Council standard for retention, placement and licensure, where applicable, for the current year and the last two years. The



Committee also has access to the CAR Analytics Dashboard which provides trending data at the campus and program levels, from which assessments can be made. Utilizing the Student Achievement Guidelines outlined in Appendix L of the *Accreditation Criteria*., the Committee will recommend to Council that action be taken appropriate and consistent with the guidelines.

## INSTITUTIONAL COMMUNICATION

In preparation for the meeting, templates will be drafted to communicate the actions to the institutions and following its meeting, the following will be completed:

- Adverse Actions affecting institutional accreditation is sent as priority, with copies to all relevant entities:
  - Withdrawal by suspension of institution, withdrawal of approval of campus or program
  - Campus or Program level show-cause directive
- Campus and Program level compliance warning actions are sent as medium priority but with copies to all relevant entities.
- Campus and Program level reporting actions are sent as an email notification.

***Note:*** Any campus that has been placed on student achievement review must first seek permission from the Council to initiate new programs, offer a higher credential, and open new locations. Hence, this information will be added to the campus's profile for the analysts' review of applications.

## REVIEW OF STUDENT ACHIEVEMENT ACTIONS

In preparation for the Council's subsequent review, the Senior Manager of Institutional and Program Review will update the chart created for the December Council meeting to reflect the updated rates reported by the institutions. Monitoring and compliance actions will be taken consistent with the guidelines already established. Staff is tasked with ensuring that all actions are accurately recorded and communicated to the affected institutions with follow up action recommended as appropriate.



## **CHAPTER 48: SUBSTANTIVE CHANGE COMMITTEE**

### **INTRODUCTION**

To be compliant with the expectations of the required approval of all substantive changes by the Council prior to their inclusion in an institution's scope of accreditation, the Executive Committee, in its capacity to serve on behalf of the Council, also serves in the role as the Substantive Change Committee (*Accreditation Criteria* – Title II, Chapter 2 – Institutional Changes and Section 2-2-101).

### **PROCEDURE**

The Executive Committee meets at least once a month on a systematic basis as determined by the Chair and appropriate for the Committee. In preparation for the Committee's consideration of substantive change applications requiring its review, staff completes a substantive change agenda which details a summary of the type of substantive change that is being requested by the institution. Additionally, the institutional history is provided: date of accreditation, date of most recent renewal of accreditation, current grant of accreditation expiration date, campus retention and placement rates, cohort default rates, total enrollment, financial reporting status, if applicable, student achievement review status, if applicable, Placement Verification Program (PVP) percentage, current campus program offerings, and an institutional hierarchy chart which gives enrollment and campus -level retention and placement rates. Staff attaches the institution's expansion of scope of accreditation plan which details the how the institution will manage the substantive change (financial, academic and resources) for review and makes a recommendation to the Committee of whether the request should be approved, deferred or denied.

The Executive Committee reviews and discusses the items on the substantive change agenda and the supplemental documents to take an action, which is one of the following:

- 1) Approve the application to initiate the substantive change:





The institution is informed via written communication, within two weeks of the Committee's decision, that the expansion of scope application has been approved. An approval letter for the specific substantive change is sent subsequent to the expansion of scope approval letter.

2) Defer an action and request additional information:

Formal communication is sent to the institution, within two weeks of the meeting, requesting specific additional information for the Committee's subsequent consideration. Once the information has been received, the Committee, at its next meeting, will reconsider the application for action.

3) Deny the application to initiate the substantive change.

The assigned staff will prepare for formal transmission the denial of expansion of scope communication within two weeks of the decision, with specific reasons for the denial, and the application will be withdrawn. The institution is able to appeal the denial action, within a year of the decision, and by providing specific information for the Committee's and/or Council's reconsideration. The appeal will be considered at the next meeting as requested. If the denial is affirmed, the institution is so advised, with no additional opportunities for appeal. If the appeal is approved, the denial of the expansion of scope decision is rescinded, and the appropriate approval letters are prepared.



## **CHAPTER 49: TITLE IV COMPLIANCE ISSUES, INCLUDING FRAUD AND ABUSE**

### **INTRODUCTION**

Council policy requires notification of the U.S. Department of Education regarding any institution accredited by ACICS that is suspected of failing to comply with Title IV law or regulations. Preserving the ability of the Department to investigate and resolve alleged Title IV violations independent of the institution's knowledge is acknowledged and enforced by the Council. (*Accreditation Criteria* – Appendix G, Guidelines of Notification and Disclosure)

### **PROCEDURE**

#### **STEP 1: NOTIFY PRESIDENT**

Upon receipt of any information related to possible failure of an accredited institution to comply with Title IV law or regulations or to fraud or abuse committed by an accredited institution, the President will be immediately notified with all the details concerning the matter.

#### **STEP 2: PRESIDENT REVIEW**

The President will make a determination as to whether this information constitutes reason to believe that the institution may not be in compliance or may be engaged in fraud or abuse, and will consult with the staff member concerning the basis for this recommendation.

#### **STEP 3: U. S. DEPARTMENT OF EDUCATION NOTIFIED**

In the case where the institution may not be in compliance with Title IV law or regulations or may be engaged in fraud or abuse, formal communication will be sent to the Student Financial Aid (SFA) primary contact at the Department of Education with the name of the institution, the reasons for the concern, and the documents to support the concern. The President will also provide any information requested by the Secretary that may bear upon an accredited institution's eligibility to participate in, or compliance with, Title IV, HEA programs.



#### **STEP 4: ACTION**

Based upon the information obtained by staff, the institution may be cited as part of a normal ACICS accreditation procedure and given an opportunity to evidence why it is in compliance with Title IV requirements.

#### **STEP 5: CONFIDENTIALITY**

ACICS will not inform the institution about the contact in order to preserve the ability of the Department to investigate and resolve the alleged Title IV violation, or upon a specific request from the Department to keep information about the contact confidential.





## **CHAPTER 50: UNANNOUNCED AND LIMITED UNANNOUNCED VISIT**

### **INTRODUCTION**

The Council, at its discretion, may direct an unannounced or limited-announced visit to occur at an institution about which it has received complaints, adverse information, when general operations of the institution may be called into question, or for the purpose of quality assurance review, once the Council has been informed of the institution's intent to not reapply for accreditation. If serious adverse information or complaints are received, consistent with the procedure outlined in the At-Risk Institutions' Group (ARIG) section of this Manual, an unannounced or limited announced visit will be conducted. See *Accreditation Criteria – Section 2-1-805 and Appendix B - Procedures and Guidelines for Unannounced Visits*.

### **PROCEDURES**

An unannounced or limited-announced visit may be scheduled for any of the following reasons:

- ACICS receives recurring or serious complaints/adverse information which may indicate possible non-compliance with ACICS standards
- The institution is on financial reporting with no evidence of financial improvement for three quarters
- Council Directed as a result of institutional review
- Directed by the At-Risk Institutions' Group (ARIG) as a result of a collective review of all risk factors including the above issues, and as outlined in the ARIG procedures (Chapter 27).
- To ensure compliance with ACICS standards through a current grant of accreditation if an institution chooses not to seek reaccreditation.

#### **STEP ONE – CONFIDENTIAL INVITATION TO STATE AND US DEPT. OF ED**

A confidential invitation should be sent to the appropriate State/licensing agency, and the U. S. Department of Education (if appropriate), to advise them of the scheduled visit,



communicate the reason for the review, and invite their participation. This formal invitation should be sent after a call to facilitate more direct collaboration.

\*If conducting a limited-announced visit, a visit memo must be sent to campus administration 24 hours prior to the visit. If the visit falls on a Monday, the visit memo must be sent on Friday.

## **STEP TWO – CONFIDENTIAL TEAM COMPOSITION AND VISIT PREPARATION**

The team members will be invited to participate and information shared as needed concerning the nature of the visit and the need for confidence (fully unannounced). The team must be composed of seasoned evaluators and may include a commissioner, depending on the circumstances leading up to the visit. A team memo summarizing the review and communicating logistics, consistent with other visit preparation processes, must be sent.

## **STEP THREE - PRE-VISIT MEETING**

A pre-visit meeting, the evening before (ideally) or the morning of, the visit must be conducted to brief the team on the institution, the background of the issues, and the review format onsite. Pertinent information and relevant documents must also be shared.

## **STEP FOUR – ONSITE EVALUATION**

Upon arrival at the campus at approximately 9am (to allow for a full day of review), ask to speak with *the* on-site administrator.

**NOTE:** *If the institution refuses to permit the on-site unannounced visit evaluation to take place, the Council will direct the institution to SHOW CAUSE why the accreditation should not be withdrawn by SUSPENSION (Appendix B).* The staff member should contact the Vice President of Accreditation and/or the President immediately to share this information so that a recommendation can be presented to the Executive Committee concerning the issuance of the directive.

Taking into account the circumstances that triggered the visit as a determinant for the level and breadth of review, the following will be included as appropriate:

(1) Examine the following records:



- Most recent Campus Accountability Report (CAR) and Summary of Placement Verification (PVP) Submissions
- Current catalog and any supplements
- Current class schedule
- Most recent team visit report and institutional responses
- Copy of any government correspondence on reviews and responses
- List of faculty and staff and their personnel records
- Sample of pertinent student records
- Copy of all promotional materials and access to Web sites
- Files and correspondence on complaints and adverse issues
- Other files related directly or indirectly as appropriate to the primary reason for the visit

(2) Interview selected groups of students. Speak with student, and proctor the student survey, if possible (as applicable).

(3) Visit selected classes in session. Interview faculty without the administrator(s) present.

If there are State/Federal/Licensing Agency observers, collaborate with them on the specific areas of the review that is of particular interest to them. They may also observe meetings with the institution and staff briefings.

#### **STEP FIVE – EXIT REPORT**

At the conclusion of the visit, an exit summary should be provided to the administrators. Point out Council policies and procedures concerning unannounced/limited-announced visits, and possible actions by the Council. **NOTE:** The administrator should be provided with a copy of the visit invoice at that time. The visit is a flat fee consistent with the other visit-related fees. *See Schedule of Fees*

#### **STEP 9 – VISIT REPORT**

A report of the visit will be prepared and sent to the institution. The drafting of the visit report is coordinated by an assigned team chair or staff with input from team members. A





response will be required to any findings identified. Council may take one of the following actions:

#### **STEP 10 – POST-VISIT CORRESPONDENCE**

Prepare appropriate correspondence to the institution communicating Council action. Council's action will be consistent with those outlined in Chapter 3, Council Actions, of the *Accreditation Criteria*.



## **CHAPTER 51: VOLUNTARY WITHDRAWAL OF ACCREDITATION**

### **INTRODUCTION**

An institution must notify the Council when it chooses to voluntarily withdraws its accreditation from ACICS. Often the voluntary withdrawal may be due to the institution's plans to seek accreditation with another accreditation agency, or discontinue its accreditation with ACICS if it has accreditation with multiple agencies. This notice is generally sent to, or received by, the President and/or Vice President of Accreditation, who will forward to the assigned staff for prompt review and processing.

### **PROCEDURE**

#### **STEP 1: PROCESSING OF MAIL OR E-MAIL**

Stamp the letter the date that the letter was received via USPS, UPS or FedEx. Place it in the mailbox of the appropriate AID staff person. If received by e-mail, forward to the assigned AID staff person.

#### **STEP 2: ACKNOWLEDGEMENT OF NOTIFICATION**

The notice of voluntary withdrawal must have been signed by the institution's CEO or leadership (President/Director) in order to be acknowledged by ACICS. Any notification from compliance personnel or other non-decision making persons will not be accepted, and the institution must be contacted for an updated notice of withdrawal.

Send the official acknowledgement of voluntary withdrawal to the institution. The staff person assigned to process voluntary withdrawals is required to include the following in the acknowledgment of the withdrawal:

- Reason for the voluntary withdrawal, if provided
- Effective date of withdrawal



If the institution/campus is under any show-cause or adverse action at the time of the withdrawal, it must be recorded in the acknowledgment of withdrawal.

The processing of the voluntary withdrawal must be completed within 30 days from the receipt of the notice of voluntary withdrawal. However, staff will complete within three weeks of receipt to ensure compliance and monitoring.

### **STEP 3: INFORMED PARTIES**

The official acknowledgment template is found in SharePoint under AID/Documents/AccreditationandInstitutionalDevelopment/Templates/Institution-Campus ClosureandVoluntaryWithdrawalAcknowledgments. The letter is sent to the CEO or president/director. Copies will be sent to the following:

- U.S. Department of Education representative at (b)(6)@ed.gov
- U.S. Department of Education Title IV region representative
- The appropriate state representative
- The institution's new accrediting body, if applicable
- ACICS staff person in charge of website management
- ACICS President

### **STEP 5: WEB POSTING AND INSTITUTIONAL DATA MANAGEMENT**

The website manager is blind copied on the formal acknowledgement to the institution for publishing on the Voluntary Withdrawal webpage with the following information: Name of the Institution/Campus, Location, ID Code and Effective Date.

File the institution's notice of voluntary withdrawal and ACICS' acknowledgment of withdrawal letter in the institution's electronic data management account, in a new "Voluntary Withdrawal" folder. Update Personify campus/institution accounts to be marked as "Withdrawn."





## CHAPTER 52: VOLUNTEER EVALUATOR PROGRAM

### INTRODUCTION

ACICS is committed to ensuring volunteer evaluators are competent and knowledgeable individuals, qualified by education and experience in their own right, and trained on their responsibilities, roles, ACICS standards, policies, and procedures to conduct on-site evaluations. Volunteer evaluators apply ACICS policies and provide input to Council on an institution's compliance or noncompliance with standards affecting branch inclusion, initial grants of accreditation, renewal grants of accreditation, new programs including those being offered through distance education, changes of ownership/control, and quality assurance monitoring visits. (See Section **2-1-401** Selection of Team Members of the *Accreditation Criteria*).

### DEFINITIONS

#### *Areas of expertise.*

Areas of expertise are defined as:

- Student Relations (SR), which requires experience managing, monitoring, and calculating student satisfactory academic progress (SAP) at a postsecondary education level, and experience with the submission and validation of the ACICS Campus Accountability Report (CAR).
- Educational Activities (ED), which requires administrative-level experience reviewing credentials for faculty assigned to teach general education courses and application of general academic-related criteria.
- Distance Education (DE), which requires experience and education in the management, instruction, and curriculum development of postsecondary distance education online and electronically delivered programs.



### ***Specialty - fields.***

Specialty fields refer to the federal government's Classification of Instructional Programs (CIP) identified by our member institutions. The CIP table is maintained in the database and edited as needed during the initial accreditation application process or new program application process submitted by existing members. The CIP table includes the six-digit number and the CIP title. Evaluators align themselves with one or more of the CIPs during the registration process. Program specialists will be vetted to have current or recent direct engagement in a significant manner with postsecondary teaching and/or research.

### ***Evaluator status.***

There are five potential statuses that an evaluator's record in the database can reflect; only one will allow the evaluator to be systematically selected during the team composition process.

**Active** status is assigned by staff to applicants who have submitted all required documents and completed the training requirements. This status will allow the system to select an evaluator during the visit assignment process.

**Inactive** status is assigned by staff to evaluator applicants who do not comply within a reasonable period of time to the document or training requirements. This status is also applied to an active evaluator if (1) they request to be removed from our database, (2) they have blatantly violated the Canons of Ethical Behavior, (3) they have repeatedly demonstrated ineffective skills as evaluators, or (4) their contact information is invalid and ACICS has received no contact by the evaluator within a reasonable period of time.

**Initial** status is automatically assigned by the system when an applicant first registers to become an evaluator. This status will not allow the applicant to be selected for visit assignments.

**Pending Docs** status is assigned by staff to indicate an applicant who has not submitted all of the required documents. This status will not allow the applicant to be selected for visit assignments.



**Pending Workshop** status is assigned by staff to indicate an applicant that has submitted all required documents but has not completed the training requirement. This status will not allow the applicant to be selected for visit assignments.

### ***Independent Contractor Agreement and Canons of Ethical Behavior.***

The Independent Contractor Agreement outlines the terms of the volunteer evaluator as an independent contractor and informs them that they will receive a 1099 for any honorarium paid during the tax year. The Canons of Ethical Behavior state the responsibilities and expectations of a volunteer evaluator. Applicants are required to affix a wet signature to the attestation stating they have read and will abide by these terms before they can become an **active** evaluator.

## **PROCEDURE**

Minimum qualifications require five years of relevant experience and appropriate educational credentials in each field or discipline they are assigned to evaluate; adherence to our Independent Contractor Agreement and Canons of Ethical Responsibility; and training. Experience may be comprised of administrative experience, teaching, or curriculum development in a postsecondary educational environment; or professional experience in the program field (or some combination of these types of experience). Education, including licensure or certification, will be specific to the program field or discipline.

## **RECRUITMENT**

Evaluator recruitment is conducted by the evaluator management team. The evaluator management team systematically monitors the need for additional evaluators in existing fields or areas of specialties or new evaluator specialty areas. The Vice President for Accreditation runs periodic needs analysis reports to maintain an adequate pool of qualified evaluators in each specialty field and area of expertise.

An immediate needs analysis report is run to capture evaluators and programs with less than 1:1 ratio. An extended needs report is run each cycle to identify changes to the existing pool due to new programs, new branches, or initial applications. Recruitment should be concentrated on these areas for at least one year from the new program, new branch, or initial application approval to build up an adequate pool of available subject specialists. An annual needs analysis





report is run prior to the winter travel cycle to capture possible deficiencies in the pool for institutions seeking new grants.

The ideal ratio for each specialty field is 3 evaluators to each program offering that specialty. Emergency needs arise when the depth of the pool does not fit the needs for any one travel cycle. There are several factors that may cause an evaluator to cancel last minute or for several evaluators, in one or more specialty fields, to be unresponsive to invitations or unavailable to serve. Emergency needs are reported to the Evaluator Manager and Vice President for Accreditation as soon as the coordinator is made aware of the need.

Recruitment methods include referrals from staff or existing evaluators, postings on volunteer boards (e.g. Idealist.org), contacting member institutions, exhibition booths at State Agency Meetings, and direct phone calling.

## REGISTRATION & REQUIRED DOCUMENT SUBMISSION

Individuals seeking to become an evaluator must register at [www.acics.org](http://www.acics.org) / Evaluators / Proceed to registration page. Instructions for registering can be found on the website at [www.acics.org](http://www.acics.org)/ Evaluators / Becoming an Evaluator.

Evaluator applicants must submit key documents to a dedicated e-mail address stated on the website and in communications sent to interested applicants. The address is [evaluatormanager@acics.org](mailto:evaluatormanager@acics.org). Staff routinely monitors this account and saves documents on the shared drive (U/EVALUATORS/resumes and ICA) and hyperlinks the documents to the applicant's record in the database. This information is available for all staff to view.

- **Independent Contractor Agreement and Canons of Ethical Behavior.** All evaluators are required to agree to the terms of the Independent Contractor Agreement and the responsibilities and expectations outlined in the Canons of Ethical Behavior. A wet signature is required on this document. Applicants who have not submitted this document will be contacted by staff via e-mail. The applicant will be given 30-60 days to comply. During this period the applicant's status will be changed to **Pending Docs**. If documents are not received within a reasonable period of time, the applicant will be notified that their status has been changed to **Inactive** and they will be required to notify ACICS before reapplying.



- **W-9.** An official, signed W-9 must be submitted to ACICS accounting department for tax purposes. This document is used to generate a 1099 at the end of each tax year for any honorarium paid to an evaluator.
- **Resume.** Evaluator applicants are required to submit a current resume or curriculum vitae containing dates of employment, employment responsibilities or roles, and education. The resume or CV is used to substantiate the applicant's specialty field(s) or areas of expertise.

## EVALUATOR TRAINING

Evaluator training is conducted during their initial registration and throughout their service with ACICS through multiple channels.

### *Initial Training.*

Individuals have the ability to view the evaluator training at any time; however, it is a requirement of those seeking to become an evaluator. Evaluator training involves the review of pertinent ACICS accreditation materials and attendance at a live webinar. The training objectives include an overview of what accreditation is and ACICS's role in the accreditation triad; the agency's mission and standards, referred to as *ACICS Accreditation Criteria*; the agency's accreditation process and the evaluator roles and responsibilities within this process; the visit process, including what an evaluator can expect pre-, during, and post visit; methods used to identify areas of non-compliance, and how to write a finding statement.

Applicants will receive an invitation through Go-To-Webinar to attend the live training session and complete a final assessment before they are deemed ready to serve (account made *Active*). The training webinar is facilitated by an accreditation staff member and relevant training materials are shared with the participants, including a copy of the presentation, prior to the session. These materials are maintained in the Evaluator folder in SharePoint for routine review and update. Certificates of completion are created and sent to each participant following the live session.

### *Ongoing Training*

*The Evaluator* (newsletter) is a form of communication used to inform evaluators of *criteria* changes. It is also used to reinforce areas that are identified by travel staff as needing to be reinforced.



*The Pre-Visit Meeting Orientation* - This document will be updated following every Council meeting, as appropriate, for facilitation by the staff coordinator with the team during its required pre-visit meeting. Items covered include all final criteria changes that will impact the onsite review; procedural enhancements; clarification on the implementation of standards, etc.

On occasion a subject specialist's status will be moved to **active** and he/she will be allowed to participate on an evaluation team without completing the formal training webinar if there was an emergency need. The evaluator will receive on-site training of their roles and responsibilities with respect to ACICS standards and processes, with mentoring by the staff and team chair, and are required to complete the training within six months of the visit date.

#### **SYSTEM SETUP AND COMMUNICATION TO APPLICANT**

ACICS staff routinely monitors records received in **initial** status and subsequent documents sent to the dedicated e-mail account at [evaluatormanager@acics.org](mailto:evaluatormanager@acics.org). Staff contacts the applicant via e-mail welcoming them to the volunteer evaluator manager program (see e-mail template) and notifying them of any missing documents and/or the next step in the process. Staff makes the appropriate status change and contacts the evaluator manager team responsible for vetting qualifications.

Staff enters the following information into the database throughout the registration and vetting process: the date of receipt of the resume, Independent Contractor Agreement (ICA), W-9, and training surveys. In addition, staff attaches the ICA and resume to the applicant's record in the database and communicates to the applicant. Staff will change the applicant's record to **active** following the final training session, provided all required documents have been submitted and their qualifications have been vetted.

#### **VETTING**

Vetting is conducted by the evaluator manager or Vice President for Accreditation. Applicants' resumes are used to substantiate stated specialty field(s) and/or areas of expertise. Evaluators must demonstrate five years of experience and education in each specialty field or area of expertise identified during the registration process. The vetting process includes reviewing the specialty fields and areas of expertise stated captured in the accredited programs





tab during registration and making adjustments by deleting or adding specialty fields or areas of expertise; noting these changes in the applicant's record in the *demographics* tab; and inserting the date qualifications are vetted in the *evaluator* tab. Evaluators select the specialty field(s) in which they want to be vetted during the registration process and the evaluator management team confirms or denies their qualifications in each field. Program specialists will be vetted to have current or recent direct engagement in a significant manner with postsecondary teaching and/or research.

The system visit module matches each program in the accredited programs listing for the school being visited to evaluators with the same CIP at the same credential level or higher. Refer to the Evaluator Management Manual for detailed instructions on the vetting process.

## EVALUATION

### *Evaluation Submission*

Active evaluators selected to serve on a visit team are evaluated by staff following each cycle and by peer team members through a web-based evaluation tool. Staff evaluations of evaluators are submitted via an excel worksheet and submitted to the evaluator manager. Staff names are removed from the evaluations before the evaluations are shared with all staff.

### *Grading*

There are nine areas reviewed during the evaluation. Each category is graded from one to five using the following scale:

- |   |                   |
|---|-------------------|
| 1 | unacceptable      |
| 2 | needs improvement |
| 3 | average           |
| 4 | above average     |
| 5 | exceptional       |

### *Categories*

The categories used for evaluation purposes were derived from the evaluator training objectives and the Canons of Ethical Behavior. The categories and descriptions are:

<b>Preparation &amp; Timeliness</b>	Respected visit schedule; reviewed relevant pre-visit materials; discussed areas of non-compliance when discovered; completed report by the end of the visit.
<b>Organ. Skills</b>	Was aware of responsibilities as a team member; prioritized duties; reviewed questions; shared concerns; allotted enough time to deal with concerns.
<b>Interaction with Team</b>	Was easy to work with, independent, not disruptive; discussed areas of non-compliance and concerns with team members; offered assistance to others.
<b>Interaction with Institution</b>	Was pleasant and considerate to faculty, staff, and students; performed required duties in a professional manner; dressed appropriately for business in accordance with ACICS



	standards.
<b>Writing Skills</b>	Used complete sentences and appropriate format; made minimal grammatical errors; answered questions completely; elaborated on citations.
<b>Knowledge of Criteria</b>	Recognized areas of noncompliance; requested citation numbers and correct verbiage; documented why areas were out of compliance.
<b>Ethics</b>	Adhered to Canons of Ethical Responsibility.
<b>Strength of Expertise</b>	Demonstrated knowledge of subject matter, including curricula, program objectives, instructional tools, and equipment.
<b>Adherence to Travel &amp; Reimb. Policies</b>	Responsive to requests from staff; abided by travel policy; demonstrated respect for all individuals involved in the visit process.

### ***Preliminary Evaluation Review***

The evaluator manager reviews all evaluations submitted and identifies those graded less than average in any one of the 9 areas. The current evaluations for those graded less than average is combined with all past evaluations for each individual and presented to the Evaluation Review Team.

### ***Evaluation Review***

The Evaluation Review Team, chaired by a designated staff, is tasked with reviewing the evaluations received for the most recent evaluation cycle and establish appropriate actions to address the areas of deficiency. The team meets within a month following the conclusion of the evaluation cycle.

The team will determine, by process of consensus, actionable steps, if necessary, to address the areas of concern. The actions set by the evaluation review team are:

<b>Action</b>	<b>Results of Action</b>
No action	The evaluation master list is edited to reflect the decision of the evaluation review team.
Placed on monitoring status	The evaluation master list is edited to reflect that this evaluator has shown deficiencies in one or more areas of evaluation and is being monitored for improvement. This status is for internal purposes only and is designed to be used by staff when composing a team.
Evaluator contacted and further clarification requested	The evaluator manager contacts the evaluator and reviews the evaluation. The evaluator manager seeks clarification from the evaluator and determines the action necessary. The evaluation master list is edited to reflect the action determined by the evaluator manager and communicated to the evaluator.
Evaluator contacted and remedial training requested	The evaluator manager contacts the evaluator and reviews the evaluation. Remedial training is requested to address the area of deficiency. The evaluation master list is edited to reflect the decision of the evaluation review team. <i>For example, if knowledge of the criteria is the area of deficiency for an evaluator who has served on more than one visit, we may require that evaluator to listen to the training module 3 and complete the survey as evidence of completion of the training.</i>
Evaluator record is edited	The evaluator manager may contact the evaluator or may edit the evaluator record without contact. The evaluator qualifications will be edited as deemed necessary. The evaluation master list is edited to reflect the decision of the evaluation review





	team.
Evaluator contacted and status changed to <i>inactive</i> or <i>pending</i>	The evaluator manager contacts the evaluator and reviews the evaluation. The evaluator is asked to respond to the deficiency and informed of the status change. The change may be temporary or permanent, depending on the severity of the behavior. The evaluation master list is edited to reflect the decision of the evaluation review team.
Review is moved to Evaluator Policy Review Committee	The evaluator manager will present the concern of ethics violation to the Evaluator Policy Review Committee. Contact with the evaluator will be done by the evaluator manager. The Evaluator Policy Review Committee will determine the appropriate action. The evaluation master list will be edited to reflect the Evaluator Policy Review Committee decision.

Results of actions taken by either the Evaluation Review Team will be posted to the master evaluation data and made available to all travel staff for guidance with team composition.

## **PROFESSIONAL DEVELOPMENT**

ACICS is required to maintain a professional pool of qualified evaluators. Evaluators from our member institutions remain current in their areas of expertise or subject fields through their affiliations with our member schools. ACICS has access to their professional development summary through their institutions; however, public evaluators are required to provide this evidence every two years to maintain an *active* status. In addition, if their subject field requires licensing or certification, ACICS requires evidence of current license or certification status.

### ***Types of Professional Development***

Evaluator qualifications are vetted to a subject field and/or area of expertise. Professional standards for these specialty fields vary. Acceptable forms of professional development are seminars or workshops in the subject field, membership in professional organizations, CEUs necessary to remain licensure or certification, or evidence of faculty (adjunct or full-time) status in postsecondary institutions.

### ***Submission of Evidence of Professional Development***

Volunteer evaluators have the ability to view their subject fields from the member website [logon/My Account/Accredited Programs]. Areas of expertise - student relations (SR), educational activities (ED), and distance education (DE) - are not viewable through the member website but can be obtained by contacting ACICS, Evaluator Manager or Vice President for Accreditation. Areas of expertise qualification guidelines can be found on our website - Evaluators / Becoming an Evaluator.





ACICS requires disclosure of professional development every other year of active status by public evaluators. Evidence of professional development should be received by January 1, 20XX. Reminder notifications of professional development are sent via e-mail in November.

### ***Accepted forms for Submitting Evidence of Professional Development***

Evidence of professional development can be submitted in varied forms; however, the ACICS prefers one of the following three:

- Option 1: Submission of a current or updated resume or CV, demonstrating activity in areas of expertise or subject fields.
- Option 2: Provide ACICS with a list of qualified subject fields (obtained from the ACICS website) and professional development activities for each field over the past two years.
- Option 3: Submission of a standard professional development form required of a current employer, provided it satisfies each area of expertise and/or subject field aligned with the volunteer evaluator.

## **EVALUATOR RECRUITMENT**

In order to successfully maintain a qualified pool of volunteer evaluators, recruitment must be ongoing and continuous and requires periodic review. The Vice President for Accreditation, or a designee, has the responsibility of internal and external recruitment tasks. Internal recruitment involves communication with travel staff on needs analysis and posting of those needs to our website. Travel staff may approach individuals at member institutions during a visit and solicit interest in the volunteer evaluator program. The individual(s) are contacted by and invited to submit an application to serve.

External recruitment involves communication with key membership personnel, other accrediting agencies, non-member institutions with programs in areas of need, and professional organizations.

### ***Needs Analysis***

A primary task of the Vice President for Accreditation is to maintain a current list of areas of need within the volunteer evaluator pool. This needs analysis is obtained by running key reports out of the database. One report available in Personify is the *Count of Program, Evaluator and Institution Export*. This report lists each member institution ID, name, state, classification



(C), and their respective program(s) as well as active evaluator IDs, name, state, classification (I) and their respective specialty fields. Through a series of sorts, one can ascertain a count of programs offered at our member institutions and corresponding evaluators qualified in that subject field. A series of ratios can be developed to ascertain “high need” areas as well as general need or no need areas. Depending on various factors a ratio of less than 1:1 qualifies as a “high need” area and solicits immediate attention.

### ***Recruitment Communication Methods***

**Member Schools.** When an area of *high need* develops, ACICS contacts our member institutions with programs in those areas via e-mail. The e-mail is a standard template which reminds the member institutions of their responsibility as an ACICS member to assist in the peer review process. The recipients of this communication are most commonly the school presidents/directors or department chairs. On occasion this e-mail will be sent to corporate offices.

**Non-Member Schools/ Professional Organizations.** A standard notice using Constant Contact has been created to send to non-member postsecondary institutions and/or professional organizations when recruiting volunteer evaluators in specific fields. This information provides a brief explanation of ACICS, the benefit of the volunteer evaluator program, and a request for assistance in filling a *high need* area. This method of communication either follows a voice-to-voice conversation or is followed by a voice-to-voice attempt.

### ***High Need Areas Triggered by Initial Applicants.***

When initial applicants applying for accreditation offer a program or programs that are not in the current CIP table, the staff member approving these institutions communicates these needs to the Evaluator Manager and Vice President for Accreditation. The evaluator manager submits a request to have the new CIP added to the database table and the Annual Institutional Review table and communicates back to the staff member when this task is completed. These programs immediately become a *high need* area and recruitment procedures enacted. Initial applicants are also asked to supply ACICS with 3-5 names of individuals who are not affiliated with their institution and who have qualifications in the subject field. This list of individuals is contacted by ACICS and, if willing to serve, qualified according to ACICS minimum standards.



### ***High Need Areas Triggered by New Program Applications***

When a member institution submits a new program application that is aligned with a CIP currently not in the database's active CIP table, the staff member approving the program will contact the Evaluator Manager and Vice President for Accreditation. The evaluator manager submits a request to have the new CIP added to the database table and the Annual Institutional Review table and communicates back to the staff member when this task is completed. This program immediately becomes a *high need* area and recruitment procedures enacted.

### **EVALUATOR REIMBURSEMENT**

Evaluators are required to submit expenses incurred during a visit through the agency's online expense reimbursement tool, Concur. Valid travel expenses are outlined in the Evaluator Procedures and Guidelines (page 13) and are discussed during evaluator training.

All other relevant Evaluator policies and procedures are outlined in the Evaluator Procedures and Guidelines (Pink Book) Manual, a working copy maintained in SharePoint and a current copy published on the web site for public information.





## CHAPTER 53: WEBSITE

### **INTRODUCTION**

The ACICS website (acics.org) supports the mission and purposes of the Council by providing on-line access to information and resources about accreditation and the Council.

Through the development and maintenance of an integrated website, ACICS seeks to:

- (1) Provide accurate, pertinent, and accessible information and resources to all users.
- (2) Promote itself as a reliable authority on accreditation.
- (3) Promote and highlight the quality and accomplishments of its institutions.
- (4) Promote and publish its activities, news, etc.

A primary purpose of the ACICS website is to ensure that timely, accurate and fair information regarding the accreditation status of institutions holding grants from ACICS is conveyed or made available to principle stakeholders. Those stakeholders include the general public, the U.S. Department of Education, the licensing or regulatory authority for the state in which the institutions operates or serves students, and the accreditation community.

### **NOTIFICATION OF INITIAL AND NEW GRANTS (RENEWALS)**

In order to fulfill the organizational purpose of the ACICS website, all decisions to award initial or new (renewal) grants of accreditation must be conveyed in writing to the Department, appropriate state agencies and accreditors within 30 days of the decision. Furthermore, the same notification must be posted on the ACICS website for access by the public within 30 days of the decision.

### **NOTIFICATION OF FINAL ADVERSE ACTIONS**

In order to fulfill the organizational purpose of the ACICS website regarding final decisions to deny, withdraw, suspend, revoke or terminate grants of accreditation, or place an institution on probation, the information must be conveyed in writing to the Department, appropriate state agencies and accreditors within 30 days of the decision. However, the



notification of a final adverse action as described above must be posted to the ACICS website for access by the public within 24 hours of the notification made to the institution.

## **PROCEDURES**

### **GUIDELINES FOR REQUESTING CHANGES TO ALREADY DEVELOPED WEB PAGES**

1. Please complete the Website Update Request Form and all \*required fields for each web page that you wish to update. All updates and changes to existing web pages must be submitted using this form. Once completed, submit the form (including Inserted Files) for each URL to [webteam@acics.org](mailto:webteam@acics.org). This form can be found in the public folders in Outlook. (See Appendix C)
2. Make sure you specify the URL (web address) for each web page in the space provided.
3. The easiest way to ensure your information is posted correctly is to send us the full edited text which we will copy and paste, rather than have us edit pieces of existing copy word for word.
4. Before submitting any documents that will be downloaded from the site, please fact check, spell check, and grammar check all information prior to submission for posting. The Web Team is not responsible for errors within these documents.
5. Format text to include bolded and *italic type* where you prefer.
6. This includes linking from specific points within text to other internal pages or third-party websites. Indicate links by underlining the linking point.
7. Acronyms and ACICS-speak should be avoided. When necessary, such words or phrases should be defined and/or explained.
8. If the Web Team has to reformat a document in order to web-enable it, the document will be compared to the original to ensure that the only changes that appear are intentional. The content owner will review the changes and promptly notify the Web Team of any changes from the original.
9. Put the complete URL of the page to be updated in the SUBJECT LINE of each e-mail. Your e-mail will be returned without a URL in the SUBJECT LINE. Each e-mail with URL will be its own project.

### **GUIDELINES FOR THE CREATION OF NEW INFORMATION**



To introduce new pages on the web, follow these steps:

- A. The designated staff must outline the content in written format and forward for review and approval by the leadership prior to submission to the Web Team.
- B. Before submitting any documents that will be downloaded from the site, please fact check, spell check, and grammar check all information prior to submission for posting. The Web Team is not responsible for errors within these documents.
- C. Submit a Website Update Request Form to the Web Team with your pre-approved content to review project scope and establish an estimated completion time.
- D. The request should include requested functionality, site objective, images, target audience, and content.

#### **TIMELINE FOR COMPLETION**

- A. The length of time it will take to produce your web page(s) depends on many factors. This can be discussed when you submit your items.
- B. All content must be submitted at a reasonable amount of time prior to posting. Questions regarding project duration, prioritizing, and resources can be addressed with the Web Team.
- C. Requests must also include relevant information regarding priority, including special announcements and notifications concerning the posting. However, the Web Team retains the right to prioritize user requests.
- D. Your request may not be granted if you send individual files through e-mail without attaching a Website Update Request Form.
- E. Updates that consist of 1-2 pages should be posted within 1-2 business days and within 3-4 business days for 3-5 pages. Those who provide content that is more than five (5) pages will be contacted when the update is complete. Updates that only include fixing errors such as grammatical or spelling will be done within 1-2 business days.
- F. Time sensitive material must be submitted at least 2 weeks prior to the date of the material.

*All related questions or inquiries should be directed to the [webteam@acics.org](mailto:webteam@acics.org)*